	1.	FOR STATE REGISTRAR			DE	PARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	HYGIENE 8	REG. N	0.	7	241
		CEASED NAME E OR PRINT)	^{FIRST}	ret	WIDDLE	Ro	salee		20 DATE C		MONTH 2. 19	DAY YEAR	26 HOUR 1007
	3. SE	Х		4 RACE	-1-1-1		5. DATE O		6 AGE (IN		THDAY)	IF UNDER 1 YE	
		Female		Whi	te	-0.1	Nov	1 1915	66		YRS	MONIHS DAY	S HOURS MIN.
20		IRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN O	F WHAT COU	INTRY?	8 MARRIED	□ NEVER MARRIED	9 BALTIMO	ORE CITY O	R COUNT	Y OF DEATH	
55		Md.		US	A		WIDOWE		-	rett			M
05		Oakland		Garre	tt Co 1	ve street a Memo	rial	ROTHER INSTITUTION Hospital	12a USUAL (TYPE OF WOO	K FOR MOST C			OF BUSINESS O
35	13a. S	Md.	13b COUN Garr	ITY	131. CITY O	RTOWN		13d. INSIDE CITY LIMITS	S? 13e STREET	ADDRESS			
10	14. FA	John	Hen	MIDDLE	Amtor			15 MOTHER'S MAIDEN		MIDDLE	C	assidv	LAST
		VAS DECEASED EVER I	N U.S. AR	MED FORCES?			RITY NO.	17 INFORMANT		ADDRE			
6		NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	214	74 6	237	Mrs. Arvel	Lla Brad	y 0a	klan	d, Md.	فلينا
		18 CAUSE OF DEATH PART I. DEATH WA Conditions, if ony, gove rise to imm couse (a), stating underlying couse	MMEDIAT which ediote	D BY: E CAUSE (a) DUE TO, (b)	OR AS A CON	SEQUE	NCE OF	- arres - mbolism monlosis	and 2	ndy!	Preus	nonin	DAMATE INTERVAL NONSET AND DEATH Minute 5 days
	NOI	PART 2 OTHER SIGN	IFICANT C	CONDITIONS	ONTRIBUTION	MIGIOD	EATH BUT I	NOT RELATED TO THE T	ERMINAL DISEAS	E OR CON	DITION GI	VEN IN PART	1101
G	CERTIFICATION	19a. DATE OF OPERAT	ION	196. CON	DITION FOR	VHICH	OPERATION	WAS PERFORMED	20a AUT	OPSY?	IN CERT	ES, WERE FINE IFYING CAUS	DINGS USED ES OF DEATH?
9	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEA ALEXAMINER	HOUR A	OF INJURY A.M. MONT P.M. E OF INJURY STREET, FACTORY, 6	-/-	19	211. HOW INJURY OCC 211 LOCATION STREET	CURRED (ENTER N	CITY OR TO		PART I OR PART 2	STATE
		22a.1 certify that (1) (saw the decease above, (1) (we) (di 22b. SIGNA) URE	this hospit	ma	rih 2	from	1	d that in my (our) opin	2, to M	ed on the de	- 2 ote and ha		ne causes stated

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove corbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic

TO FUNERAL DIRECTOR. After this certificate has been signed by

Hartmansville Cemetery David A. Burdock Kitzmiller, Md. 21538

5 82

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23d. LOCATION

DATE REC'D. BY REGISTRAP 256, REGISTRAP SSY

STATE

Veralo reste nov 1 1/15 56

Vi.

Allered Carrett Golfmariti Hospital Green S. 19 3

Allered Carrett Golfmariti Hospital Green.

Allered Called S.

John Lung Automor An Canana Cassing John Lung Automor An Canana Cassing John

r. carory idaherton, 1.b.

Surfall 3 62 Introduction on the supplies on the latter street with the street of the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9119	U	1	1/2	-4	1

			REGISTRAR				CERTIF	ICATE OF DEATH		REG.	NO.		
			CEASED NAME	FIRST		WIDDLE	L	AST	20.	DATE OF DEATH		DAY YEAR	2b. HOUR
		(IIII)	Arthur		Jame	es	BAR'	TLETT, Jr.		March	1,	1982	2:52 pm
Bee		3. SE	Х		4. RACE		5. DATE C		6 A	AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		1	Male		White		Oct.	16, 1924 YEAR		57	YRS	MONTHS DAYS	HOURS MIN.
e	45	Jo BI	RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 E	BALTIMORE CITY			
-	55		. Va.		U	SA	WIDOWE		<u>- </u>	Garret	t		MD
0	-	J0 C	ITY OR TOWN OF DE	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		USUAL OCCUPA			F BUSINESS OR
C	5	Oá	akland		Garre	tt County	Memo	rial Hosp.		uperviso:		Stee	1
4		USU. 13a. S	AL RESIDENCE IF NO	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS	2 1120	STREET ADDRESS			
2	15		Pa.	Some		Addison		YESX NO	138	P.O. Box	82		
anie C	1	14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN		WIDDLE			
1	06		Arthur	_	mes	Bartlett	Sr.	Dovie Be	elle	WIDDIE	Ham	nan las)I
0	-		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADD	RESS		
E	5		es		Ld War	236-28	-6647	Mrs. Sarah	Bar	tlett	sam	e as 13	
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol. MPORTANT: If Item 21 is marked or Item 18 shows any injury, an other traumatic event, this			PART I. DEATH ' Conditions, if on gove rise to in couse 101, state underlying cause	y, which	D BY: E CAUSE (v) DUE TO, O		My C	cordial		Foretu		451	MATE INTERVAL ONSET AND DEATH MINUTE
prior to buri		CERTIFICATION	PART 2 OTHER SIG	-	3.5			NOT RELATED TO THE TE		L DISEASE OR CO		EVEN IN PART 11	
ene p	2	IFIC		_						YES TI NOD	IN CER	TIFYING CAUSES	OF DEATH?
Mental Hygie or Item 18 sho	9	-	210 ACCIDENT WAS UP	CAUSE OF DEA		DF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCC	URRED				NO []
alth ond Me marked or I		MEDICAL	21d. INJURY OCCU	VHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR	rown	COUNTY	STATE
of Healt			sow the decea	sed plive on	1.4	deceased from		d that in (my) (our) opini	ion deot	to Mari	dote and h	. 19 2 . our and from the	that (I) (we) fost causes stated
State Dept. ANT: If Item			22b. SIGNATURE	-10	aun	non			G XM	AEDICAL ST RECTOR PHYS	AFF ICIAN [22c. DATE	1-82
APORTAN			22d. PHYSICIAN'S N		ann			22e ADDRESS	. ı d	leut r	1)	215	20

BP. DHMH - 16 50M 1/BI (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL (SPECIFY) March 4,82

231 NAME OF CEMETERY OR CREMATORY Addison Cemetery

23d LOCATION
CITY OF TOWN
Addison

Somerset Pa.

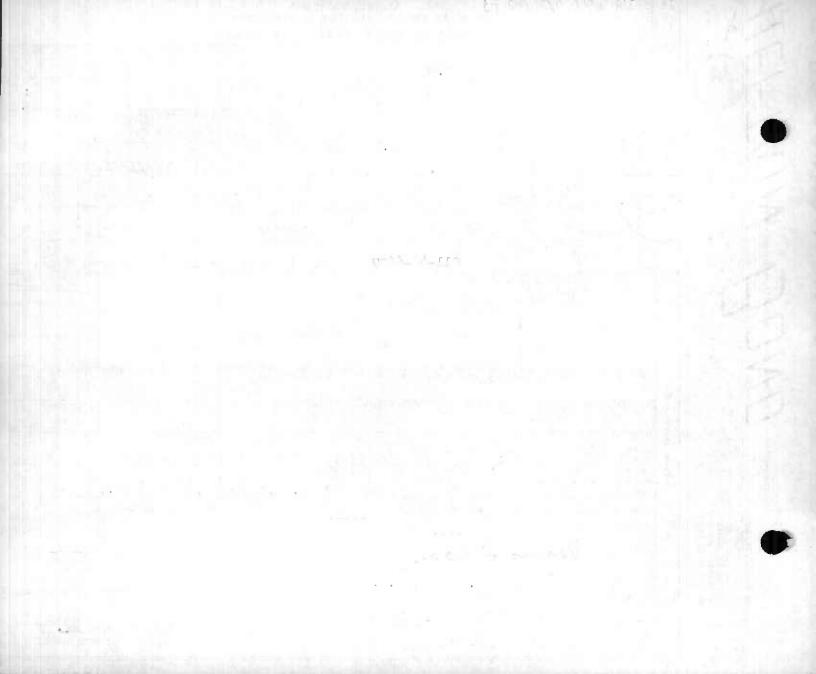
Robert M. Durst Cakland, PMaryland 21550

236 DATE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

effel cirol Marie Company ALUK MYGEREN INTERNATION MENEROLEN NAME OF THE PARTY Lawrence Commence of the Comme Accident MD 21520 NEUMANN audal erea 4, 2 deison sentter dison over to.

XW	FOR	ob g566 4/2	6/82 gj	DEPART	STAT MENT OF H		ARYLAN AND ME		YGIENE	2		0 7	2	4	9
100	- STATE REGISTRA	R	MI		EXAMIN				-		REG. N	10.		-	
	1. DECEASED N	AME FIRST		WIDDLE			LAST		20	DATE K	NOWN		DAY	YEAR	2b. HOUR
HOME AND	(TYPE OR PRINT)	Cons	tance	Mar	:y		Bel1			OF DEATH /	ESII-	3	26 1	82	AA
北湖)	3. SEX	4. RACE	5. DATE OF BIRTH	1	6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER 2		c. DATE		нтиом	DAY	YEAR	и ноик 9:05
2002	Female	White	Aug. 14, 1		24 YR		DAYS	HOURS	MIN. P	RONOUN(DEAD	CED	3	26 1	982	9:05
A SERVICE STREET	7a BIRTHPLACI	(STATE OR	76. CITIZEN OF V	VHAT COUN	ITRY?	8 MARRII	ED NEV	VER MARRIE	0 0 9	BALTIMO	RE CITY	OR COUN			
AMES MAN	Mass		USA			WIDOW		DIVORCE		Garr	rett	Count	У,		MD.
A A A A A A A A A A A A A A A A A A A	10 CITY OR TO	WN OF DEATH	11. NAME OF HO			OR OTH	ER INSTITUT	TION		L OCCUPA		PE OF WORK	12b. KINE	OF BUS	INESS
304400	Accid		Rura	al Rt.	1							hht/Ca			
ANY DELA AND 3 TO RETAIN PHOUD BE PECORDS	USUAL RESIDER	III COUN	OR OTHER INSTITUTION, O ITY Castle	13c. CITY	BEFORE ADMISSION OR TOWN		13d. INSIDE (I	ITY LIMITS?		T ADDRES		2.7			
A 22.54	14. FATHER'S N		~	1112211	iring com			R'S MAIDEN		00 201	in g	·u·			
A HINGS	A 7 ex	kander	Matu	lewicz	LAST	d		nstan		B MID		Buti	cum LA	ST	
M M M M M M M M M M M M M M M M M M M	16g, WAS DECE	ASED EVER IN U.S. AR	MED FORCES?		CIAL SECURITY	NO.	17 INFORM				ADDRES		9		
MALTIMA MES AFTER S GIVE PA WITH FOR WITH FOR DIVISION	(YES, NO, OR U	NKNOWN) (IF YES, GIVE	WAR OR DATES)	011-	48-660	7	Mr. A	Alexan	der l	Matul	ewicz	z Bost	ton,	Mass	
2 8 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	18. CAU	SE OF DEATH (Enter an	ly ane cause per lir	ne for (a), (b), and (c).)								APPI	ROXIMATE	NTERVAL AND DEATH
ON TEM 18 TONG PERMIT SIENE, VAL.	PARI	I DEATH WAS CAUSE	D BY: TE CAUSE (o)	Multi	ple In	jurie	s		1115						
SIT PON	784	13		R AS A CON	SEQUENCE C)F									
MITH MCIC NER SAN SEA	gave	ditions, if ony, which e rise to immediate	(b)			200	Us.								
201 W. UTED W. IN PENGENAMIN PENG		se (a) stating the <u>under-</u> g cause last.	DUE TO, O	R AS A CON	ISEQUENCE C	F							1		
XECT XECT AND	PART 2 OT	NER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N SUT NOT RELA	TEO TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PART	[] (g),						
BE E NDIN	Z			UST LE											
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECTIFING THE WORD "PENDING" RIDED TO THE CHIEF MEDICAL EST SHOULD BE USED AS A BUR EDEPARTMENT OF HEATH AND OF PRIOR TO BURIAL, CREMATI	THE TIME TO A TH	E OF OPERATION	196 COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20. AU	TOPSY?	
SE CRESCO SE CRE	E													s XX	NO 🗌
CERTIFICATE S STING THE WG SDED TO THE CETS SHOULD BE ES SHOULD BE ED DEPARTMENT OF PRIOR TO BU	21a. EXTE	YING XXOR	216. TIME O		DAY YEAR	21c. HC	W INJURY	OCCURRED	ENTER NA	TURE OF INJU	RY IN ITEM 18	8 PART 1 OR PA	RT 2)		
ION STATE OF THE SOL	CONTRI	BUTING CAUSE OF			26 19 82	2 pas	senge	er in	plane	e tha	t cra	shed			
AVIS CER SETTIN SET SE SET SET SET SET SE SET	WHILE	IRY OCCURRED	STREET, FA	OF INJURY CTORY, FARM, E			TREET			CITY OR TOW		CO	UNTY		STATE
THIS WAR	AT WOR	NOT WHILE	X,	farm				. 1,A	cc i de	ent, Ga	arret	t Co.	,Mar	ylan	d
A PARENTAL	22a. I	certify that I took charg	ge of the remains d	escribed obo	ve, held an	Autops	y XX.	Inspection	Ш,	Inquiry	ے <u>,</u> ر	ind in my o	noinion		
WE BE SEE SEE SEE SEE SEE SEE SEE SEE SEE	death r	esulted fram: Natur	ral causes,	Accident	XX, Sui	cide .	Hamic	ide 📙	Undeter	mined man	nner	,			
WAR WAR	ACTUAL	Dina.	P	8000			TITLE (SF	PECIFY) stant				DATE	3-	27-8	2
SHE SHE	SIGNATI	JRE VOUL	ma a	V 70 C3	3	M.	D. /\SS !	Stani	MEDIC	AL EXAMI	NER	SIGNI	D	21-0	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO. EXECUTE THE CERTIFICATE, WRITING THE WORD. PENDING" IN PENCIL IN TEM 19 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMI AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	EXAMINI (TYPE OF	ER'S NAME VI	rginia L.	Dola	n, M.D	•	ADDRESS_	1		enn S	treet				
DAZDAZ	(SPECIFY)	EMATION, REMOVAL			NAME OF CEA		RCREMATO	ORY	23d, LOC	ATION		ÇOU	NTY	STA	TE
BP	Buria 24. FUNERAL D		Apr.2, 19	82 St.	Micha	el's	17	96- D	Bos		latt -	(ICYD A DVC	Mas		
DHMH - 17		nard J. Ruc	ck Inc. ADD B	åltim	ore. Ma	rula	nd	25a. DATE R	R 5	EGISTRAR	130	SISTRARIO	GNATE	Parth	-
(VR A15 ME (5)) 15M 2/80						-9141						0	7		

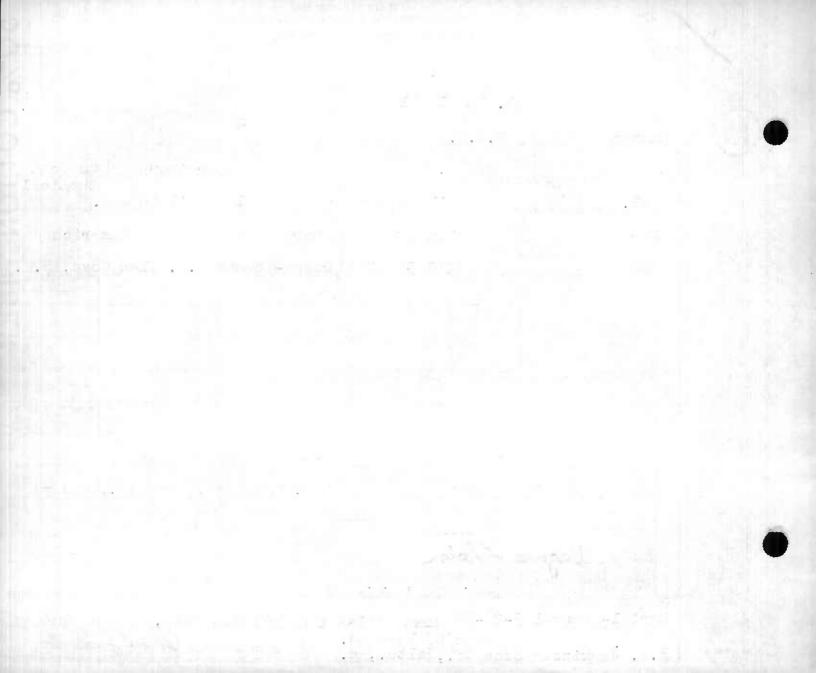


1	+Q 1t		FOR	a to 23d	g566 4/1		gj STAT MENT OF H				VCIENE	0.5		n 7	()	
V	1 0	11-	STATE REGISTRAR		M		EXAMINI				40	86-49	REG. N		e	
W.	-	1. DE	CEASED NAME	FIRST		WIDDLE		. 1/	AST		20	. DATE K	NOWN	HTMOM (DAY YEAR	2b. HOUR
	36 Male	(TYP	E OR PRINT)	Lawre	ence	Wayı	ne	E	Bell			OF DEATH	MATED [ĵ 3	26 1982	M
		3. SEX	4	I. RACE	5. DATE OF BIRT	H	6. AGE (IN YEA			IF UNDER 2		DATE	CED	HTMOM	DAY YEAR	2d. HOUR 9:05
	30000		ale	White	Sept.4,	1957	24 YR		DAIS	HOURS		DEAD		3	26 1982	9:05
	SESS CONTRACTOR	7a B1	RTHPLACE (STA	ATE OR	76. CITIZEN OF	WHAT COUN	TRY?	8. MARRIE	D NEV	ER MARRIE	D			_	TY OF DEATH	
	AZES O		<i>lissouri</i>		USA 11. NAME OF H	OSBITAL NILIE	ISING HOME	WIDOWE		DIVORCE			rrett		12b. KIND OF BU	MD.
	O SHEET STATES		Accider		(IF NOT IN SUCH	ral Rt	REET ADDRESS)	OK OTHER	KINSIIIOI	1014	FOR MC	ST OF WORK			OR INDUST	RY
	DENES -	USUA 13a, S	L RESIDENCE (IF IN NU SHE OF	ROTHER INSTITUTION,	GIVE RESIDENCE			3d. INSIDE CIT	TV LIMITCS	13e STREE			annee	1/	
100	SE AMERICA		Del.	10000	Castle		lmingto		YES	NO [bey R	d'		
	SATTIMORE, MD 21201 SAFTER DEATH, FANG GIVE PAGES 1, 2 AND TITH FORM PM 3 RETO PAGES 1 AND 2 SHOUL WISION ORVITA PEG	14. FA	THER'S NAME FIRST	-	MIDDLE		LAST	1	15. MOTHER	R'S MAIDEI			DDLE		LAST	
	DEATH.		Jimmy			Bell			Ja	ama		D			Ross	
	RESAFIER DEATH. RESAFIER DEATH. B. GIVE PAGES 1, 2 WITH FORM PM 2 I. PAGES 1 AND 2 DINISION ONLITA		VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARM	AED FORCES? WAR OR DATES)	11.0	62-0166		7. INFORM		Rt	-	BOX			
	S AF GIV INISI	-	no					, I	yr. J	immy 1	W. Be	11 Se	edalia	a Mis	souri	F INTERIOR
	ST., TOUR A 18. MIT.		PART I DEA	DEATH (Enter onl				n iur	ios		1				BETWEEN ONSE	T AND DEATH
	STON ST N 24 HOO N ITEM II ALONG SIT PERMI IYGIENE, AOVAL	1	2413	5 IMMEDIAT	E CAUSE (a)		ISEQUENCE C		162							
	THIN THIN THIN THIN THIN THIN SEMO	1		s, if any, which	(6)											
	201 W. PRE UTED WITHI IN PENCIL I EXAMINER RIAL - TRANS D MENTAL I ON, OR REA		cause (a) s	stating the under-	DUE TO, C	OR AS A CON	SEQUENCE O	F	- 3	9				~~~~		
	STATE EXA		lying cous		(c)	The state of			-40	Charlet I			715		a His	
	S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RETING THE WORD "PENDING" IN PENCIL IN ITEM 18. SE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO I PRIOR TO BURIAL CREMATION, OR REMOVAL.	Z	PART 2 OTNER SIGI	NIFICANT CONDITIONS C	ONTRIBUTING TO OFA	TH BUT NOT RELA	TEO TO THE TERMI	IAL OISEASE O	OR CONDITION	GIVEN IN PAR	T 1 (a).					
	HAL RECORI HOULD BE ED SRD "PENDIN CHIEF MEDIC E USED AS A E OF HEALTH. JRIAL, CREM	CERTIFICATION	19a. DATE OF C	OPERATION	196. CON	DITION FOR V	WHICH OPERA	TION WA	S PERFORM	MED?					20 AUTOPSY	?
	ATTA SECULIAR SECULIA	Ħ													YES XX	NO [
	OF V		210. EXTERNAL			OF INJURY	DAY YEAR			OCCURRED					ART 2)	
	TIFIC GTF TO TO HOUSE	MEDICAL		XXOR IG CAUSE OF D			26 19 82	211. LOCA		fpla	ne th	nat c	rashe	d	1-14	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXCENTE THE CRETIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR DURINAL.	MED	WHILE	NOT WHILE X		E OF INJURY ACTORY, FARM, ET				1	Accid	CITY OR TOW	Garre	++ 60	ounty, Md	STATE
	E, W E, W EWA PAG STAT															•
	AND SERVICE AND SE			y that I taak charge			· ITTER	Autapsy		Inspection		Inquiry		nd in my ap	pinian	
	STIP BE		death resulted	d from: Nature	al causes 🔲,	Accident	AZI, Sui	ide 🔲,	Hamici		Undeter	mined mai	nner,			
	MIDOULE WAY		ACTUAL SIGNATURE_	larger	us Zh	Inlan		M.D		stant	MEDIC	AL EX AM	INFR	DATE	3-27-	82
	NEW SHA						alg							310111		
	A SHOW THE SHOW	4	(TYPE OR PRIN	T) VII q	inia L.				DDRESS	111		Str	eet			
	EDZZE	23a.B	URIAL, CREMAT	ION, REMOVAL	16/82	23c)	ighland	ETERY OR	cremato	RY	23d. LOC	ATION		- cm	Tssguri'	TATE
	BP	24 F	Burial UNERAL DIRECT	TOR A	pr.2,190	92 St	Micha	el's			BOST EC'D. BY E	OT LEGISTRAF	REG	-	SIGNATURE	
	DHMH - 17 (VR A15 ME (5))	-		J. Ruck	Inc. Ba	altimon	re, Mar	yland	7	APR	5	1982	from	in of	Metal St	
1	15M 2/80												1			

i pui A STATE OF THE PARTY OF STATE OF STATE

Jack and marginst size age.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWNY MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-Elizabeth 26 1982 Compton & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 9:05 4 RACE 5 DATE OF BIRTH 3 SEX 2c. DATE LAST BIRTHDAY) PRONOUNCED Female White Feb. 16 DEAD 26 1982 YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED | NEVER MARRIED FOREIGN COUNTRY) Garrett County. WIDOWED DIVORCED Kansas 18. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS MANE OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 2, AND 3 TO THE 3. RETAIN PAG SHOULD BE FILE OR INDUSTRY Accident Rural Supervisor Du Pont USUAL RESIDENCE (IF IN NUMBER HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Chemical DI COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13g. STATE T3d. INSIDE CITY LIMITS? 1823 Gilpin Ave. Wilmington Del YES ... NO [] PALTH AND MENTAL HYGIENE, DIVISION OF VITAL CREMATION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Emmerich Jack Compton Marv FORM 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 38 9206 Dodge-Thomas F.H. Glen Cove. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T. I. USED AS A CERTIFICATION FICATE, WRITING THE WORD "PER TE CORWARDED TO THE CHIEF M TORE PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA LAND, 21201 PRIGR TO BURIAL, C 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [210 EXTERNAL CAUSE WAS TIB. TIME OF INJURY
HOUR AND MONTH DAY YEAR 2Tc. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR MEDICAL CONTRIBUTING CAUSE OF DEATH 7:45 P.M. 3 26 19 82 passenger in plane that crashed 21d. INJURY OCCURRED 21e. PLACE OF INJURY EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DEB BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) Rt. I. Accident. Garrett Co. Maryland WHILE AT WORK Farm Autopsy XX 228. I certify that I taak charge of the remains described above, held an Inspection and in my opinian Accident X Suicide Homicide ___ Undetermined manner death resulted from: Natural couses SHOULD B TITLE (SPECIFY) 3-27-82 ACTUAL Assistant SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE Burial-Removal East Hillside (3/30) Glen Head New York BP 24 FUNERAL DIRECTOR ADDRESS 4905 York Rd. **DHMH-17** MAR 29 198 (VR A15 ME (5) Jenkins & Sons Co. Balto. 15M 2/80



executed within 24 hours

death certificate be

the that requires

ATTENDING PHYSICIAN: or attending physician

TO HOSPITAL On AT

		1-	FOR STATE REGISTRAR			DEP/	ARTMENT OF	E OF MARYLAI IEALTH AND M FICATE OF DI	ENTAL HYGI		G. NO.	0 7	2 5 2
TE			EASED NAME OR PRINT) Ch	arles	AUG	UST	DREW	SR.		20 DATE OF DEAT	30,	1982	26 HOUR 8 8:00 M
		3 SEX	Male	4	RACE Wh	ite,	S. DATE OCT		96 ^{YEAR}	AGE (IN YEARS LAS		MONTHS DAYS	HOURS MIN
72 hour Fiedjat o	34	CO	THPLACE (STATE OR FOUNTRY)	REIGN 76	CITIZEN OF V	WHAT COUNT	TRY?	D NEVER M	ARRIED	9 BALTIMORE CIT GARRE			MD
by the tu	10		Y OR TOWN OF DEA Oakland	1	Cuppet	t-Week	DRSING HOME (STREET ADDRESS) S Nursi	OR OTHER INSTI	TUTION	TRETTED			OF BUSINESS OR
sletely filled in 2 should be fill all examines mu	35	USUA 13e S	ARYLAND	ATTEC	ANY	CUMBER			NO 🗆	"539 FUN	NACE :	STREET	
completely 1 and 2 sho	11	14 FA	THER'S NAME	AM MK	F. DF	REWNOSK	(I	15. MOTHER'S CH	RISTIN!		LE.	WINDEMUT	TH .
Pages 1 a	2		AS DECEASED EVER	IN U.S. ARMI		214-05	5-6676	ALVIN			Y AVE	CUMBERLA	ND MD.
g physicia in papers. removal.			PART I DEATH W	H (Enter only AS CAUSED IMMEDIATE	8Y.	my	LANGE	al i	may	Secun	14	MINIES AND	AMATT INTERVAL
attendin ive carbo ation, or ier traum			Conditions, if ony,		DUE 10, OF	LON	EQUENCE OF	Shill	my x	anni	e	4	17
d by the ase remoial, crema y, or oth			gove rise to imm couse 1a1, statin underlying cause	g the	DUE TO: OF	18h	Triver	rient	hic	W De	VUA	4.	
en signe Then ple or to bur any injur		NOI	PART 2 OTHER SIGN	THE ANYCO	alle	INTRIBUTING	10 DEATH SU	MOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART I	lg:
permit. The liene prior shows an	2	CERTIFICATION	19e DATE OF OPERAT	ION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	INC	IF YES, WERE FINDS ERTIFYING CAUSES YES [
this certificat urial-transit p Mental Hygi	9		218. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	216. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF	INJURY IN ITE	M 18, PART 1 OR PART 2]	
After this sthe burial th and Mer		MEDICAL	WHILE NOT WE AT WORK	RED	21e PLACE C	OF INJURY	FFICE, FARM, ETC.]	211 LOCATIO STREET	N	City o	RTOWN	COUNTY	STATE
or use as of Healt			220 I certify that (I) saw the decease above, (I) (we) (d	d olive on	3-29-	D'L.	, , , , ,	nd that in (my) (our) opinion o	to to death occurred on t	he date and	d haur and from the	e that (I) (we) lost e causes stated
AL DIRE etached f ate Dept. VT: If Ite			276. SIGNATURE	The	M	0.		DEGREE A1	TTENDING PHYSICIAN		STAFF YSICIAN [12	SIGNED 3192
TO FUNERAL should be deta with the State IMPORTANT:		5	B.L. Gra					22e ADDRESS				Maryland	21550
BP		23e B	URIAL CREMATION, PECHY) BURIAL		APRIL	1 82	hiller	CEMETERY OR C	DE AA A TORY	1234 LOCATION		ALLEGANY	
DHMH-16 25/ VRA 15, 4).1/		24. FU	STLCOX-ME	RRITT	FUNERAI	SERVI	CE CUME	ERLAND		REC'D. BY REGIST	. //	GISTRAMS SIGNA	OVRE US

00:8	Wareh 30, 1962	12	teren Tribal	E	Coorl
	₹8	188E OF T	White. 90		male.
	CAPPLEAVE CO.		AS	UI.	777 1777 4
1/12-1/12	MANCHAR CHARTAR	and House	onuil edmin-tio	KINS	Onkland
	THE STREET STREET		CHATESTED	75.41	MARCIAND AL
1000	SECULOR	AHIBETHO	TECT	.7	MAZZITA
.on comin	TAMPLET AVE COMES	AOB WEST TREAT	227-02-9548	WALL	2178

X

B.L. Grant, M.D. Twird Street Oakland, Maryland 21550
BUHLAL Apptl 1 82 hillorest curial park COMMERLAND ALLSCANY MARYLAND
STICOX-LEGIS THURSE CRESSIAND ALLSCANY MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours affeld each the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

be

	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	0 ,	7 2	5 5
all to the same of		CEASED NAME FIRST	y Stanley	FEZTET	26. DATE OF DEATH	B II	82 2h	848
M	3 SE	Male	white	S. DATE OF BIRTH MONTH DAY YEAR 7 23 00	6. AGE (IN YEARS LAST BIRTH	YRS	S DAYS HO	UNDER 24 HRS
St Suce	Fr:	IRTHPLACE ISTATE OR FOREIGN COUNTRY) 1 Emals ville Md		MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	rett		MI
20 Toples	C	try or town of DEATH akland	DENNETT LOLL	Manor Home	12a USUAL OCCUPATIO	WORKING LIFE! IN	Timb	
To ansate	13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	other institution give residence before a lity 13 City or town wrett Frisnds	13d. INSIDE CITY LIMITS?		ox 181	+	
O (x)		ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARA	Mr Frarer	15 MOTHER'S MAIDEN NAM	MIDDLE	Sch	LAST LYCY E	X
ne medico			war or dates) All the social securions of the social	7	Earer, M	t Lake	Park	, Md
roumatic event, th	7	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUEN	reton arres	7		hozen	TAND DEATH
y, ar other 1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN (c) ONDITIONS CONTRIBUTING TO DE	ICE OF	INAL DISEASE OR COND	DITION GIVEN II	N PART 1(a)	
ows ony injury	TIFICATION	Atteroscles	196 CONDITION FOR WHICH O	o/cardiovasc	17 //	-	RE FINDINGS CAUSES OF	
Item 18 sh	EDICAL CERTI	2) a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY	19	RED (ENTER NATURE OF INJUR	(IN ITEM 18, PART 1 (OR PART 2)	
orkedor	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR		CITY OR TOW	N C	OUNTY	STATE
121 is mo		The I certify that (I) the holps sow the deceated alive on above; (I) (see) (did did no	oli organized the deceased from	and that in (my) per opinion	death occurred on the do	te and hour and		t (I): Juet Tas um stated
NT: #		Petry, BA	LOB		MEDICAL STAF		3-11	-82
MPORTA		George	6. Stott 24	Cus Box 6	Fren	150/11	lemd	215

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital TO HOSPITAL

ATTENDING PHYSICIAN: The

23b. DATE

230 BURIAL, CREMATION NEMOVAL

GRANTSUI lle

231 NAME OF CEMETERY OR CREMATORY

Blooming Kose

Fri endsu: le (ourrett M REC DIBYREGISTRAR ZUN REGISTRARE SIGNATURE

1 52 N E a transfer well with the The state of the s The second of th

FOR - STATE

REGISTRAR

FIRST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

пть	REG. NO.					
	20. DATE OF DEATH MONTH	DAY		YEAR	2b HO	JR
	March 22, 1982	2			1:40	A C
	6 AGE (IN YEARS LAST BIRTHDAY)	1F	UND	RIYEAR	IF UNDER	R 24 HR5
	72 _{YRS}	MOI	WIHS	DAYS	HOURS	MIN.
	9. BALTIMORE CITY OR COUNTY	ΥO	F DE	ATH		
	Garrett					М
	120 USUAL OCCUPATION				F BUSIN	ESS OF
1	Custodian	FE)	CC	oun ty	y Scl	hoo
S?	13e. STREET ADDRESS Route #2, Box	7	0			
NAN						
ď.	MIDDLE		(Conal	way	
	ADDRESS					
nia	Fike, See #13	ab	01	/e		
				APPROXI	MATE INTE	RVAL
					7-	_

DECEASED NAME TYPE OR PRINT FIKE Everett Kern DATE OF BIRTH 3. SEX 4. RACE 1909 March 26, Male White TO BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Pennsylvania WIDOWED DIVORCED EITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Garrett County Memorial Hospita Oakland USUAL RESIDENCE (IF NURSING HO OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS Confluence Favette 4 FATHER'S NAME 15. MOTHER'S MAIDE MIDDLE Fike Charles Sadie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HE YES. GIVE WAR OR DATES! 206-01-2731 Mrs. Virgi No 18 CAUSE OF DEATH (Enter only one couse per line for 10 wb), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES T NO T 71m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (I) (this beaptal) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (diet) (did not) view the body ofter death 22b. SICHN DEGREE 22c DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Friendsville, MD 21531 Dr. George Stoltzfus, MD

BP.

DHMH-16 50M 1/81 (VRA 15, 4)

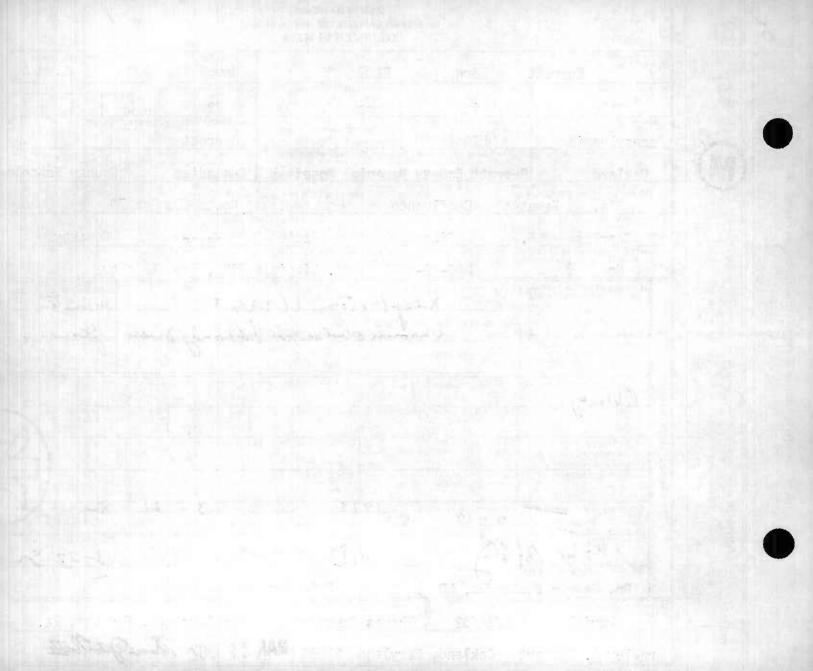
5

23a BURIAL, CREMATION, REMOVAL 236 DATE burial 3/24/82 23c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery

23d LOCATION

Markleysburg, Fayette, Pa.

24 FUNERAL DIRECTOR Oakland, Maryland 21550 Bradley A. Stewart



n signed by the ottending physician and complete, their little. Then please remove carbonpaper.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0	
1 DECEASED NAME	FIRST	MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
V	iolet	Mary	FRAZE	E	March 24	, 1982	4:05 A
3. SEX	4 RAC		S. DATE		6 AGE (IN YEARS LAST BIR	(HDAY) IF UND	ER I YEAR IF UNDER 24 HR
Female		White	Feb.	+ 24, DAY 914 YEAR	68	YRS	DATS HOURS MIN
To BIRTHPLACE (STATE OR FO		IZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DI	EATH
West Virgini	ia	USA	WIDOW		Garrett C	ounty,	
10 CITY OR TOWN OF DEA		AME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS O
Oakland	Der	nnett Rd. I	Manor Nu	rsing Home	Homemaker		n Home
USUAL RESIDENCE (IF NURS 130 STATE Maryland	Garrett	H3c CITY OF		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS Maple Str	eet	
14 FATHER S NAME	WIDDLE	LAS	CT.	15 MOTHER'S MAIDEN NA	AME	ALTERNATION OF THE PARTY OF THE	
Clifford	E.	Frie	nd	Ethel			ner
160 WAS DECEASED EVER	IN U.S. ARMED F	R DATES)	L SECURITY NO.	17 INFORMANT	ADDR	S.O. Box	253
No		215-	58-6282	Gerald (Mike) Frazee, F:	rtendsvil	lle, Md.
18 CAUSE OF DEAT	H Enter only one	couse per line for a .	(b), and ic				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAU	P	onsis.	Ton 11 NOW	SA		nimites
gave rise to imm cause (a), statin underlying couse	lost D	UE TO, OR AS A CON					/
	NIFICANT CONDI	TIONS <u>CONTRIBUTIN</u>	IG TO DEATH BUT	NOT RELATED TO THE TER/	minal disease or con	DITION GIVEN IN	PART 1(o
190 DATE OF OPERAL	TION 19	CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERI IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH?
	CAUSE OF DEATH	b. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR	PART 2)
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	10	e. PLACE OF INJURY LT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	YN COL	JNTY STATE
sow the decease	ed alive on	lended the deceased The bady ofter death.		nd that in (my) (gar) apinian	death accurred on the d	19 Sate and hour and f	, that (I) (we) to
27h SKINAMAHE	Her	1			MEDICAL STA	FF	3-24-8
George B		Jus, M.D.		Box 67, Fri	endsville,	Md. 21531	
23a. BURIAL, CREMATION,	REMOVAL 23b.			EMETERY OR CREMATORY	23d. LOCATION		

BP DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR leuman

-1705

Addison Cemetery

Addison, Somerset, Penna. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Grantsville, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH RG NO. 128 DATE OF DEATH RG NO. 129 DATE OF DEATH RG NO. 120 DATE OF DEATH RG NO. 120 DATE OF DEATH RG NO. 120 DATE OF DEATH RG NO. 121 DATE OF DEATH RG NO. 122 DATE OF DEATH RG NO. 123 DATE OF DEATH RG NO. 124 DATE OF DEATH RG NO. 125 DATE OF DEATH RG NO. 125 DATE OF DEATH RG NO. 126 DATE OF DEATH RG NO. 127 DATE OF DEATH RG NO. 128 DATE OF DEATH RG NO. 129 DATE OF DEATH RG NO. 129 DATE OF DEATH RG NO. 129 DATE OF DEATH RG NO. 120 D			509	2117 3 44.19		FMARYLAND	8 2	0.7	9 5	6
The Case of Dath Figure 2015 The Social Security No. The Property No. The Property No. The Confidence of the Social Security No. The Property No. The Confidence of the Social Security No. The Property No. The Confidence of the Social Security No. The Property No. The Confidence of the Social Security No. The Property No. The Confidence of the Social Security No. The Property No. The Confidence of the Social Security No. The Property No. The Confidence of the Social Security No. The Property No. The Confidence of the Social Security No. The Property No. The Confidence of the Social Security No. The Property No. The Confidence of the Social Security No. The Property No. The Pr		1-	STATE	DEPARII					67.03	
SAKE	М		CEASED NAME_ FIRST	MIDDLE	LAST				at 2h HOUR	-
The Brithmare in Section of Data The Brithmare in Section of Data The Brithmare in Section The		(TYPE	Ethel	L	G	AffNey		03-11-82	0725	A
RESIDENCE INCREMENT INCR		3. SEX	4. R	ACE	3. DITTE OF C	BIRTH YEAR	6 AGE (IN YEARS LAST BIR	THDAY] # UNDER:		a (Hitt)
MARRIED NEVER MARRIED True Cultural True Cultural No. No		+4	emale 1	201700		22-09	12	1110		
The CHY OR TOWN OF DEATH THE NUMBER OF HOSPITAL, NURSING HOME OF OFTER INSTITUTION THE USUAL OCCUPATION. THE NUMBER OF STREET ADDRESS OF THE NUMBER OF OFTER INSTITUTION THE USUAL OCCUPATION. THE NUMBER OF OFTER INSTITUTION THE USUAL OCCUPATION. THE USUAL	7	/a. BII	OUNTRY)	CITIZEN OF WHAT COUNTRY?	1	_	9. BALTIMORE CITY C	COUNTY OF DEA	GAROB	di
USUAL RESIDENCE IF MURROS ONCE CONTRIBUTION	-	10 CI	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSIN						500
The STATE The STUDY The	5	Fr	ienshivelle, Max &	CT IN SUCH FACILITY, GIVE STREET	ADDRESS)	MASA	LIVPE OF WORK FOR MOST O	F WORKING LIFE) INDU	STRY	
18 WAS DECEASED EVER IN U.S. ARMED FOREST 18 SOCIAL SECURITY NO. 17 INFORMANI ADDRESS 140	1		AL RESIDENCE (IF NURSING HOME) THE	134 CITY OR TOW	ADMISSION)	I INSIDE CITY LIMITS?	130 STREET ADDRESS	14		
185 185	4	W	ash DC. Wash	MOCI Wash 1				- Street	-NW.	
18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PARTIL DEATH WAS CAUSED BY, PARTIL DEATH BY, PARTIL DEATH WAS CAUSED BY, PARTIL DEATH BY, PAR	1	7	FIRST MIDE	S 1 LASING				1	LAST	
18 CAUSE OF DEATH Errie; only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. STATE OF PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. DEATH PART I. DEAT	_				IRITY NO. 17	INFORMANT	ADDRE	SS AHAR-	9 dres	- (N 1)
PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	3	(A	#1 A /	O 225-22	-5028	lizabeth	Douglas	4 Way	h. D.C	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 191 CONDITION FOR WHICH OPERATION WAS PERFORMED 192 NO INVESTIGATION OF THE MAINTENANCE OF INJURY INTERNITION THEM 18 PART 1 OR PART 2) 191 DOCATION 192 DATE OF OPERATION 193 DATE OF OPERATION 194 DATE OF OPERATION 195 DATE OF OPERATION 195 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 197 DATE OF OPERATION 198 DATE OF OPERATION 198 DATE OF OPERATION 199 DATE OF OPERATION 199 DATE OF OPERATION 190 DATE OF OP			18 CAUSE OF DEATH Enter only of	ne cause per line far (a), (b), an	dic O	-0	0	BET .	PPROXIMATE INTERVA	AL EATH
Conditions, if ony, which gove rise to immediate couse its stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to SPART 2) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to SPART 2) 190. DATE OF OPERATION 190. CONTRIBUTION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. AUTOPSY? 210. AUTOPSY? 210. AUTOPSY? 210. AUTOPSY? 210. BYES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH? YES NO YES NO PESS NO WEST OF DEATH? (IF EITHER NOTBY MEDICAL EXAMINER) P.M. 190. THOUR MAD WHITE SALE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P					Neall	perator	arla		Minute	-
DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OR OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MOCKLE EXAMINER) 210. INJURY OCCURRED WHILE NOTIFY MOCKLE EXAMINER) 2110. INJURY OCCURRED WHILE NOTIFY MOCKLE EXAMINER) 2120. I Certify that (1) Libris haspital) attended the deceased from STREET, FACTORY OFFICE FARM, ETC.) 213. Certify that (1) Libris haspital) attended the deceased from STREET, FACTORY OFFICE FARM, ETC.) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME 2120. DATE SIGNED 2121. DATE SIGNED 2121. DATE SIGNED 2122. DATE SIGNED 2123. DATE SIGNED 2124. ADDRESS BOY 6.7 Fire decirity Med. 216.		7	4860	DUE TO, OR AS A CONSEQUE	NCE OF	0,			1	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO YES NO TOWN IN CERTIFYING CAUSES OF DEATH? YES NO TOWN IN CERTIFYING TOWN IN TWENT TO			gave rise to immediate			commen	1		cours	
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY? 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO				(c)	NCE OF					
OR CONTRIBUTING CAUSE OF DEATH COUNTY MONTH DAY TEAR 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE 22e. I certify that (I) (this haspital) attended the deceased from 9 - 74 , 19 80 , to 3 - 19 80 , that (I) (metast saw the deceased alive on 2) above, (I) (we flag fid not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN			PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PA	RT 11a	
OR CONTRIBUTING CAUSE OF DEATH COUNTY MONTH DAY TEAR 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE 22e. I certify that (I) (this haspital) attended the deceased from 9 - 74 , 19 80 , to 3 - 19 80 , that (I) (metast saw the deceased alive on 2) above, (I) (we flag fid not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN		TION	S/P C.V.A.							
OR CONTRIBUTING CAUSE OF DEATH COUNTY MONTH DAY TEAR 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE 22e. I certify that (I) (this haspital) attended the deceased from 9 - 74 , 19 80 , to 3 - 19 80 , that (I) (metast saw the deceased alive on 2) above, (I) (we flag fid not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	H	FICA	190 DATE OF OPERATION	148 CONDITION FOR WHICH	OPERATION V	VAS PERFORMED		IN CERTIFYING CA	USES OF DEATH	1?
OR CONTRIBUTING CAUSE OF DEATH COUNTY MONTH DAY TEAR 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE 22e. I certify that (I) (this haspital) attended the deceased from 9 - 74 , 19 80 , to 3 - 19 80 , that (I) (metast saw the deceased alive on 2) above, (I) (we flag fid not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	\forall	CERT	210. ACCIDENT WAS UNDERLYING		2	IC HOW INJURY OCCUR				_
270. I certify that (I) the haspital) attended the deceased from 9-79, 19-80, to 3-41-19-80, that (I) (performance of the deceased alive on 2 abaye, (I) (performance of the deceased alive of the deceased alive on 2 abaye, (I) (performance of the deceased alive on 2 abaye, (I) (performance of the deceased alive	1									
270. I certify that (I) the haspital) attended the deceased from 9-79, 19-80, to 3-41-19-80, that (I) (performance of the deceased alive on 2 abaye, (I) (performance of the deceased alive of the deceased alive on 2 abaye, (I) (performance of the deceased alive on 2 abaye, (I) (performance of the deceased alive	1	NED (CITY OR TO	WN COUN	TY STA	ATE
saw the deceased alive on abaye, (1) (we did (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-(2-80) Dr. George Stoles Boy 67 Friends ville, Md. 216.		~	AT WORK			(8)				
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR										
Dr. George Stoltz Us ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-12-87 1276. ADDRESS Boy 67 Fiends ville, Md. 218.			abaye, (1) (we (did (did not) vi				deom decorred an me di			
Dr. George Stoltz (s Boy 67 Friendsville, Md. 715)			/ leon 1	Alika	ha			FF _	3-12-	82
100 61 Menderilly 11d. 215			274 PHYSICIAN'S NAME OF EXTRE	Followfue	27				1	-
238. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN AGA COUNTY OF TOWN			Dr. George B	10112013		Boy 6	7 Flier	deville	Md.	2153
1 1 11 1 4 . AV		23a. B	URIAL, CREMATION, REMOVAL 2	3b. DATE 23c1	NAME OF CEM	ETERY OR'CREMATORY	23d LOCATION CITY OF TOWN	O. Country	1 200	-
24 EUNERAL DIRECTOR 125g. DATE RECOUNTERED SHADUM		24 EU	JNERAL DIRECTOR	3-12-870	incern	Mem Cem	TE RECY BY REGISTRAR	25b ROUISTRAR	Tanyla	Me
Hanne O. R. W. montfact 1722 North Court APR 5 1982 hum		0	NAME O	ADDRESS_	11 0	1 a a l Al		Theres &	along / Assist	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

12/11/21 - 12-12-12 - 12/11/21 - Want March X French Ho for Frederick fourthemen hay hand the water MATERIAL DANGE LANGE X CHOE- TESTER THE Trumar Kinny Smith Stewis Land No AD 225-12569Elizabeth Accupling the Day 1-15 Estendant Comment Sitter Literature The total state of the design of the tenton

STATE OF MARYLAND

Y					
1982 12:45	March = 27,		CED	Logo	[BROS
	1.1	aner 11, lane	ravolt	101100	alph
	550771-			USA	. 612
School	Student				Accident
Box 20	Star Pt. 1	- K	sending	na Jager	Md. Gen
Lego		Nol.de	2210-	x	mival
as 13	97100	Tryin	= (0)		
22-21		KINISH W	Park		
2004 47					
		* T W. No.	63		
A CAR ST				85 7	
215.30					No Ken
Carrott Md.	rounisable .	lennonito Com	Glade 1	2/29/82	i

Durct Foreral Name Californ, Maryland

IMPORTANT: If them 21 is morked on them 18 shows ony injury, or other troumptic event, the medical exami

should be detoched for use as the burn intransit permit. Then please remove carbanpape with the State Dept. of Health and Merial Hygiene prior ta burlol, cremation, ar removal.

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

		REGISTRAR						REG. N	10.			
1		OR PRINT	FIRST		MIDDLE	U	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOL	
		V	ictor		lenn	GRA			n 5, 1		845	M
	3. SEX		57/8/	4 RACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST 8	RTHDAY).	MONTHS DAYS	HOURS	MIN
		Male	11	Whit		Sept	. 14, 1890	91	YRS			
1	C	RTHPLACE I STATE OR	FOREIGN		WHAT COUNTR	RY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OFDEATH		
2		aryland		USA		WIDOWE		Garrett				MD
4	40 CI	Oakland	ATH	(IF NOT IN SUC	HOSPITAL, NUR CHEACHITY, GIVE STE T CO. ME	REET ADDRESS)	Hospital	120 USUAL OCCUPATION OF THE OF WORK FOR MOST			ming	
1	USUA 13a S	AL RESIDENCE (IF NURS	13b COUN	ITY	13c. CITY OR TO	OWN I	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
7		Md.	Garre	ett	Crell	in	YES X NO	Main S	treet			
	14 FA	THER'S NAME	,	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME		1.65	1	
2		Frank		lliam	Grahar	m	Helen			Ashb	У	
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDI	RESS			
1	(1)	No	[IF 163, GIV	WAR OR DATES)	212-24	-1530	Mr. Thomas (Graham, Oak	land.	Md. 21	550	
		18 CAUSE OF DEAT	H (Enter on	ly one cause per	line lar (a), (b).	and (c	1 - 1	211 2		BETWEEN	IMATE INTE	DEATH
		PART I. DEATH W		D BY: E CAUSE (o)		5	vdier t	alline		W	21	
1		4140	WWW.		R AS A CONSE	OLIENCE OF	IAIIA	TEN Market			-	1 551
		Conditions, if any	, which	(6)	M AS A CONSE	OOLIVEE OI	VISHI			41	5	
4		gave rise to immediate (a), stotin		DUETO	R AS A CONSE	OLIENICE OF						
	7.9	underlying cause		(6)	N AS A CONSE	OOLINCE OI				1.50		
1		PART 2 OTHER SIGI	NIFICANT C	ONDITIONS C	ONTRIBUTING T	TO DE 4TH BUT	NOT BELATED TO THE THE	MINAL DISEASE OR COM	NDITION GIV	ENTRI PART 10	a	
	CERTIFICATION				Cer	16 M	3 Vrow	er u	sur			
2	CAT	190 DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?		S, WERE FINDING		
	E							YES NO NO	YE		NO [
		210. ACCIDENT WAS UNI	1	110110 4	OF INJURY .M. MONTH	DAY VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 F	PART I OR PART 2)		
	CAL	OR CONTRIBUTING [10	Μ.	19						
	MEDICAL	21d INJURY OCCUR			OF INJURY	CE EARL STC 1	21f LOCATION	CITY OR T	OWN	COUNTY		STATE
1	2	AT WORK AT WO	RK -	(AL HOME, SI	REET, FACTORT, OFFI	CE LAKW EIC)	0 01		1	-		
1		22a l certify that (I)	(this haspit	(al) attended th	ne deceased fro	m 🔷	Sept , 19 8	2. to 1/2	nd	19 6	that (I) (we) last
		sow the deceas abave, (I) (we) (ed alive of	Li view the trady	atter death	9 O on	d that in (my) (out) opinion	deoth occurred on the	date and hav	er and from the	causes st	oted
		226. SIGNATURE				[DEGREE		5000	22c. DATE	SIGNED	
			The	John			ATTENDING PHYSICIAN	MEDICAL STA	CIAN []	38	1/27	
		22d. PHYSICIAN'S N.					22e ADDRESS			1	745	
		Dr. Th	nomas	Johnson	, M.D.		311 N. Four	rth St., Oal	kland,	Md. 2	1550	
		URIAL, CREMATION,	REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	(buri buri	al	3/7/	82	Oakland	Cemetery	Oak land,	Garre	tta Mar	Man	d

DHMH - 16 50M 1/B1 (VRA 15, 4)

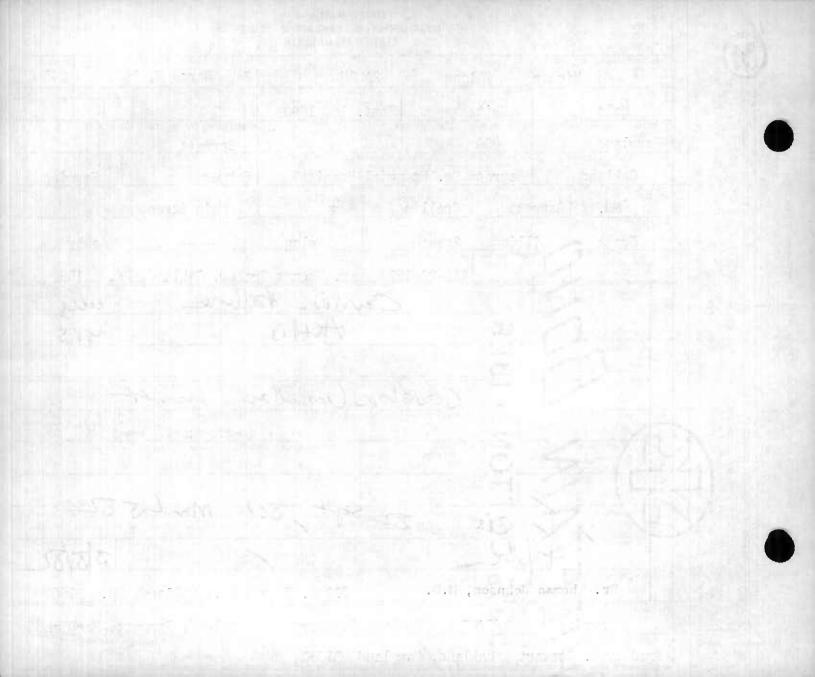
BP.

Bradley A. Stewart

Oakland, Maryland

21550

250. DATE REC'D. BY REGISTRAR 256 REGISTRANS CNATURE



page 3		CEASED NAME OR PRINT)	orsey		CUARD	L	AST	20 DATE OF DEA	15, 1982	DAY YEAR	26 HOUR 5:50P.
director, por haurs offer ce.	3. SE)	Male	4.3	RACE Whit		5. DATE O	DAY	6 AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 74 HR
filled within 72 ho	Ma	RTHPLACE (STATEORF	0.5	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORECI Garrett		OF DEATH	,
Potified	Oa	ty or town of DEA kland		Garret	t Co. Me	morial	Hospital	120. USUAL OCCU (TYPE OF WORK FOR M Farmer		IZE KIND C INDUSTRY Farmi	of Business C
33	130. S Ma.	ryland	136 COUNT	Y	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Priendsy:	VN 1	13d. INSIDE CITY LIMITS?		ess Friendsv	ille-A	ddison
O (somin		James		DDLE	Guard		Nancy	Jan	е	Fik	
event, the medico		AS DECEASED EVER ES NO OR UNKNOWN! NO 18 CAUSE OF DEAT! PART I. DEATH W	(IF YES, GIVE	WAR OR DATES)	214-36-1	7157	Jessie McCul		DDRESS P.O iendsvil	le, Md	-
physic cevent, t		11.1	MANTONALE	CAUSE (o)	Carro	to a	leraseis			Fas	
been signed by the attendin mit. Then please remave corb aviar to burial, crematian, arr any injury, ar other traumatia	CATION	Conditions, if any, gove rise to immove to statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	which nediate g the lost	DUE TO, O b) DUE TO, O (c) ONDITIONS CO	Mile	ENCE OF	NOT RELATED TO THE TER.	MINAL DISEASE OR (20b. IF YES	EN IN PART 1).	o NGS USED
Hygrene prior to burial, cremation, or is shows any injury, or other traumatic	10	gove rise to immercause to: stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDOOR CONTRIBUTING CONT	which nediate g the last	DUE TO, O (c) DUE TO, O (c) 196 COND 216. TIME O HOUR A.	DOTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TERA	200 AUTOPSY?	20b. IF YES IN CERTIFY	EN IN PART 1, , WERE FINDII YING CAUSES	o NGS USED
bund-tronsit permit. Then please remave corb Mental Hygiene priar to burial, crematian, ar i or Hem 18 shows any injury, ar other traumatic	MEDICAL CERTIFICATION	gove rise to immodule for couse to storing underlying couse PART 2 OTHER SIGN	which nedicte 19 the lost NIFICANT CO TION DERLYING CAUSE OF DEATH RED	DUE TO, O (c) DUE TO, O (c) 196 COND 216. TIME C HOUR A. P. 216. PLACE	ONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TER.	200 AUTOPSY? YES NO	20b. IF YES IN CERTIFY	EN IN PART 1, , WERE FINDII YING CAUSES	o NGS ÜSED OF DEATH?
burial-tronsit permit. Then please remave corb Memtal Hygiene priar to burial, cremation, or it them 18 shows any injury, or other troumatio		GOVE FISE 1a immacrouse 101, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	which nediate g the last NIFICANT CO TION DERLYING	DUE TO, O DUE TO, O DUE TO, O Co 196 COND 216. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	ONTRIBUTING TO OF INJURY M. MONTH D. M. OF INJURY REEL, FACTORY OFFICE, I	DEATH BUT I OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER. N WAS PERFORMED 216 HOW INJURY OCCUI 211 LOCATION STREET , 19 20 d that in (my) (our) opinion	200 AUTOPSY? YES NO RRED (ENTER NATURE OF	20b. IF YES IN CERTIFY YES FINJURY IN ITEM 18 PA	WERE FIND IN YING CAUSES O ART I OR PART 2] COUNTY	ONGS ÜSED OF DEATH? NO STATE that (II (we) la causes stated
Orber Coxes, state in a seminate has been system of the orber of the orber of the build-fronts freemen. Then please remove coxide per of Health and Mental Hygiene prior to burnal, cremation, and them 21 is marked or frem 18 shows any injury, ar other traumatic	MEDICAL	GOVE FISE 1 to immediatelying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (# ETHER NOTHER MEDIC 21d. INJURY OCCURR AT WORK AT WORK AT WORK AT WORK 22a. I certify that (I) sow the decease obove, (II) (we) Id 22b. SIGNATURE	which nediate go the last with the last nediate go the last nediate go the last nediate last ned	DUE TO, O (c) DUE TO, O (c) DIPPORT TO NO TO THE TO TH	ONTRIBUTING TO OF INJURY M. MONTH D. M. OF INJURY REEL, FACTORY OFFICE, I	DEATH BUT I OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER. N WAS PERFORMED 210 HOW INJURY OCCUIT 211 LOCATION STREET 19 20 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO RRED (ENTER NATURE OF CITY To death accurred an to DIRECTOR PH	70b. IF YES IN CERTIFY YES OR TOWN	, WERE FIND II YING CAUSES COUNTY	ONGS USED OF DEATH? NO STATE that (I) (we) la
oched for use as the burial-transit permit. Then please remove corb Dept. of Health and Mental Hygiene priar to burial, cremation, ar i f them 21 is marked at them 18 shows any injury, ar other traumatic	MEDICAL	GOVE FISE 10 imm cause 101, statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING CURR WHILE AT WORK NOTHER MEDICAL WHILE AT WORK SOW the decease obove, (1) (we) (d) 22a. I certify that (1), sow the decease obove, (1) (we) (d) 22b. SIGNATURE	which nediate g the lost the l	DUE TO, O (c) DUE TO, O (c) DIPPORT TO NO TO THE TO TH	ONTRIBUTING TO OF INJURY M. MONTH D. OF INJURY REEL FACTORY OFFICE. A deceased from a deceased from office deceased.	DEATH BUT I OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TER. N WAS PERFORMED 211 HOW INJURY OCCUIT 211 LOCATION STREET , 19 20 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RRED (ENTER NATURE OF CITY To death accurred an to DIRECTOR PH	ORTOWN STAFF HYSICIAN	WERE FIND IN YING CAUSES O ART I OR PART 2] COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) locauses stated

5:30	Tarele 10, 195		Challo _H-	wanzo.		
			ad1;fij		615	
			or Street,			
-240				2000	Nun	
		THE STATE OF				
		in the later (51
						1

certificate be

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

BP.

retained by the hospital or attending physician.

moy be

	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B Z	07260
		CEASED NAME FIRST EOR PRINT) MAT	V ETHEL HU	1mberson		1AR 21-82 6:15 PM
	3. SE	* Female	White	5. DATE OF BIRTH MONTH 12 25 92	6. AGE JIN YEARS LAST BIRTH	HDAY) IF UNDER 1 YE AR IF UNDER 24 HAS MONT S DATS HOURS MIN. YRS.
25	Fr	country most le	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NORCED	Garrett	Co. MD.
O line	Of	TY OR TOWN OF DEATH AKLAND ALRESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL CUPPEHT-WEEK	S Nsg Hne	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
959	M	STATE 136 COUN Oryland Gari		ADMISSION) 13d INSIDE CITY LIMITS? YES NO NO NOTHER'S MADERNINA	Poute 1	Noah Frazec Rd.
O Page		e) Bldson	MED FORCES? 166 SOCIAL SECUR	ee Flizabe	MIDDLE ADDRES	Stuck
e medic			EWAR OR DATES) 198-18-	-589a Ruth Fra	zee Fri	endsville, md
r other troumotic event		PART I. DEATH WAS CAUSED	(b) ORY: E CAUSE (a) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN	iac AMS	y .	BETWEEN ONSET AND DEATH MINUTES
njury, o	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART I (a)
Sows any	CERTIFICATION	190 DATE OF PERATION	19% CONDITION FOR WHICH C	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Hem 18 st	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY	Y YEAR 19	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART ?
orkedor	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM ETC) 211. LOCATION STREET	CITY OR TOW	N COUNTY STATE
n 21 is m		220. I certify that (I) (this beaping sow the deceased alive on above, (I) (did) (did not	3-17 198	2, and that in (my) (aut opinion	death occurred on the dat	19 2, that (1) (we) Tost le and haur and fram the couses stated
TZ. # her		22b. SIGNATURE	AGA	DEGREE ATTENDING PHYSICIAN S	MEDICAL STAFF	
MPORTANT		22d. Dryspetan's NAME Type OF	S. 570	HZ Fus	Frienda	stille me

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
Friend

REC'D BY REGISTRAR AN INCISTINATION OF

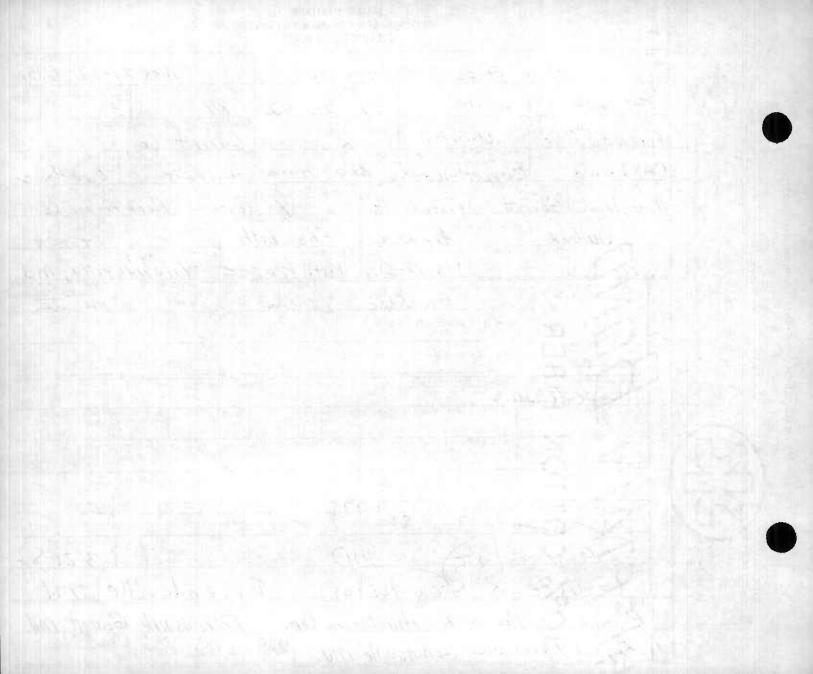
DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23b. DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 law the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



	(TYP	CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN MONI	
数型	3. SE)	Sarah I4. RACE	Is. DATE OF BIRTH		ICNeilly SIFUNDER LYR. IF UNI	DEATH MATED 3	22 1982 4P M H DAY YEAR 2d HOUR
)		male White	Aug. 9,	1959 22 YRS	MONTHS DAYS HOURS	PER 24 DRS. Zt. DATE	22 82 525P
	Jo. BI	RTHPLACE (STATE OR	7b. CITIZEN OF W			- 19 BALTIMORE CITY OF COL	111
5	FC	REIGN COUNTRY)	USA		MARRIED NEVER MA	ORCED Garrett	MD,
-	10. CI	TY OR TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSING HOME,	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WOR	
1		akland	(DOA) Ga	rrett Co. Me	m. Hospital	Teacher's Aide	School
-	USUA 3e. S	L RESIDENCE HE IN NURSING HOME TATE 136 COUN	or other institution, c ITY	13c. CITY OR TOWN	13d. INSIDE CITY LIMIT	13e. STREET ADDRESS	
2		Pa. All	egheny	Pittsburgh		AND THE PLANE	
0	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MA	VIDEN NAME WIDDLE	LAST
Ď	S	AMUEL Lec	nard	McNeilly 16b SOCIAL SECURITY	Margar	et Da	richak
2	(Y		WAR OR DATES)				
		IN CAUSE OF DEATH (Enter of	1	188-52-675	0 Mrs. Ma	rgaret McNeilly s	APPROXIMATE INTERVAL
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	D BV.	A	a. marked		BETWEEN ONSET AND DEATH MINUTES
		8/27 IMMEDIA	TE CAUSE (d)	reberal edem			Millaces
78 3 L	7	Canditions, if any, which	Ca	rbon monoxid			Minutes
	-	gave rise to immediate cause (a) stating the under	(b)	R AS A CONSEQUENCE O			
		lying cause last.		CONSEQUENCE O			
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN I	N PART 1 in	
	NO				on sometimen differ I		
-	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
f	TIFIC						YES NO
>	CER	210 EXTERNAL CAUSE WAS	21b. TIME O	FINJURY		RRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2}
)	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 3:39.	M. MONTH BAY YEAR	Inhaled CO	fumes from auto m	otor in
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY (ATHOME.	211 LOCATION CLO	sed garage	COUNTY STATE
	2	WHILE NOT WHILE AT WORK	1 Home	(garage)	Rural Rt.	2, Terra Alta, Frest	on, W. Va.
		22a I certify 1 I taak chare	ge of the remains de	scribed abave, held an	Autapsy K. Inspe	ction X. Inquiry X and in my	apinian
		- 1/	ral causes ,	Accident Suic		Undetermined manner ,	
38		100	1		TITLE (SPECIFY		
35		SIGNATURE CALL	/ /_	-	M.D. DEPUTY	MEDICAL EXAMINER SIG	TE 3-22-1982
3							21550
(S		EVALUE OF NAME					
5	1	EXAMINER'S NAME	H. Feast	er, Jr., M.	D. ADDRESS 107	S. 2nd. St., Oaklar	nd, Maryland
18	23e.B				D. ADDRESS 107	123d LOCATION	nd, Maryland
5	(:	(TYPE OR PRINT)Tames URIAL, CREMATION, REMOVAL PECIFY) Burial	3/25/82	23c NAME OF CEM	Heaven Cem-	23d LOCATION CITYORTOWN Peter's Twnsp.	ounty state Alleg. Pa.
5	24 F	LTYPE OR PRINT)	3/25/82 4. Husa	23c NAME OF CEM	Heaven Cem-	23d. LOCATION CITY OR TOWN	ounty state Alleg. Pa.

Jorgan Jynn ____ MoMeille

Formity Wilso Notes 2 1959 22

Leonina . obli a'ranizzof

Pa. Allegheny Pleasourgh # U 615 centor Drive United Unite

Burial 3/25/92 - Queen Of Heaven Can. Pater's Tensy. Alles. Da.

Innet Functial Hope Caidand, Haryland

1/ ×	1	Item #5 Fi	lm G5	67 5/4/82 r	c	STATE OF MARYLAND	L3 14	0 7	1 6 9
750	1	FOR STATE REGISTRAR			DEPARTA	ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. N	0.	. 0 4
e/Mi	1. DE	CEASED NAME E OR PRINT)	Pau.	1 Samue	el	MYERS	20. DATE OF DEATH 03 •	- 30 - 82	26 HOUR 1238
4 91	3. SE	x Male		4. RACE White	е	S. DATE OF BIRT20th	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYE MONTHS DAY	
A THE PERSON NO.	. ∛o . B	IRTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF WHAT O	COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	M
the track		Oakland		Garrett	V, GIVE STREET A	Tys Memorial Hos	120 USUAL OCCUPATION OF THE PERMITS	ON 126 KIND INDUSTR	of Business of
St bound by	130	Md.	13b COU	rother institution give res NTY 13c. CI rrett Mt	TY OR TOW		13e STREET ADDRESS 601 PC	chontas S	št.
completely is and 2 sh		David		MIDDLE	Mye	IS MOTHER'S MAIDEN NA FIRST EMMA	MIDDLE	La	antz
te be execuicion and celes. Pages 1911.		NAS DECEASED EVER YES, NO OR UNKNOWN) NO		VE WAR OR DATES)	2-20-		Mt.pon cs 601 Poo	hontas St	
signed by the attend signed by the attend Then please remove co to burial, cremotion, a njury, or other trauman	NO	Conditions, if ony gove rise to imm couse (o), stotim underlying cause	nediote ng the lost	DUE TO, OR AS A (c) CONDITIONS CONTRIB		NCE OF	NNAL DISEASE OR CON	DITION GIVEN IN PART	l _{ta} ,
icion. te hos been te hos been ssit permit. I	CERTIFICATION	19a DATE OF OPERA				OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	NO [
G PHYSICIAN: The ottending physicia physicia certhicote stree buriol-tronsit stree buriol-tronsit cond Mentol Hygin ked or Item 18 shr	MEDICAL CI	21a ACCIDENT WAS UNION CONTRIBUTING UP (IF EITHER NOTIFY MEDION OF WHILE NOTIFY MEDION OF WHILE NOTIFY MAT WORK AT WORK	CAUSE OF DE.	HOUR A.M. M	ONTH DA	19 211 LOCATION	CITY OR TO		STATE
L OR ATTENDIN the hospitol or. I DIRECTOR: Afr toched for use or E Depti of Health		22a.1 certify that (1)	(this hosp	tol) ottended the deced	osed from	19_80 , and that in(my)(our) opinion DEGREE ATTENDING	deoth occurred on the do	22c DA	the couses stated
TO HOSPITAL (etoined by the TTO FUNERAL IT should be deto with the Stote I		22d PHYSICIAN'S NA Dr. Ja	AME (TYPE C		/	PHYSICIAN [DIRECTOR PHYSIC	IAN	-50-82
P € F € 3 ≥ BP	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE 4/1/198		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24. F	UNERAL DIRECTOR	Fin		ADDRESS	W. 26260 APR	E REC'D. BY REGISTRAR		

	25 - 00 - 80 1 2 3 4 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
		٠		
		,		
۵				
			ns to the t	
				• =
			Whi - #	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical exam

STATE OF MARYLAND

3	7	1	-	
}			0	
ol'		500.000	4	

	1.	- STATE REGISTRAR			DEPAR		FICATE OF	DEATH	SIENE 9	REG. NO	W / 24	0
		CEASED NAME E OR PRINT)	charl c	es Do	uglas P	erando	LAST		2a. DATE OF	DEATH MONTH	03-82	2b. HOUR 0445 A
	3. SE	Х	4	RACE			OF BIRTH	IRTO, AU	6 AGE (INY	EARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male		White		MON		YEAR 1006	05		MONTHS DATS	HOURS MIN
	70 B	IRTHPLACE ISTATE OR FO	REIGN 7	CITIZEN OF	WHAT COUNTR	Y? 8	ch 15,		9 BALTIMO	RE CITY OR COUN		
工		COUNTRY)	-	USA				MARRIED -			TO DEATH	
and .	-10 C	ITY OR TOWN OF DEAT	н 1		HOSPITAL, NURS	WIDOW		ONORCED		arrett		MD
5		Oakland		Garre	tt Count	y Memo	rial H			DECUPATION FOR MOST OF WORKING T	G LIFE) 12b. KIND C INDUSTRY Coa	F BUSINESS OR
1	13a. S	AL RESIDENCE (IF NURSIN	3h COUNT	THER INSTITUTION	134 CITY OR TO			CITY LIMITS?	13e STREET	ADDRESS		
5		Md.	Garre		Oakla		YES T	NO St	Rt.		170	
	14 FA	ATHER'S NAME	Dec.			M.C.		S MAIDEN NA		5 Box	1/0	
A		Nicholas	M	DDLE	Perando		Ama	FIRST		WIDDIE	LAS	a
1	16n V	WAS DECEASED EVER IN	IIIS ARM			CLIPITY NO	Ama:			ADDRESS	Tasker	
	(1	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES								
М	Y	es	WW I		217-09-	1965	Mrs.	Hazel S	Shore	Box 69	Kitzmil.	ler, Md.
	NOI	Conditions, if only, gove rise to imme couse (a), stating underlying couse PART 2 OTHER SIGNII	diote the lost	DUE TO, C	OR AS A CONSECUTION OF AS A CONSECUTION ON TRIBUTING TO	DUENCE OF	T NOT RELATE	Dolan D TO THE TERM	INAL DISEASE	OR CONDITION C	GIVEN IN PART I	2
2	CERTIFICATION	19a. DATE OF OPERATION	T NO	19b. COND	PITION FOR WHIC	CH OPERATIO		ORMED	200 AUTO	INCER	YES, WERE FINDIN TIFYING CAUSES YES T	
7	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICAI	USE OF DEATH	P	.M. MONTH	DAY YEAR	21c HOW I	NJURY OCCURR		TURE OF INJURY IN ITEM I		
	MED	21d INJURY OCCURRE WHILE NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE	E FARM, ETC }	21f LOCAT			CITY OR TOWN	COUNTY	STATE
		220 I certify that (II)	olive on_	3-2	19	Alexander	nd that in (my	(our) opinion o	to	d on the dote and h		
		22d. PHY 3 CT. N'S NAW	el		~				MEDICAL DIRECTOR [STAFF PHYSICIAN	221 CATE	4-h
1		V					22e. ADDRE					
		Jared Ze	lman,	M.D.			Oal	cland, M	Marylan	d 21550		
	230 B	BURIAL, CREMATION, RE	MOVAL	23b. DATE	230	. NAME OF C		CREMATORY	23d LOCA	TION		
	-	SPECIFY) Burial	7	3/5/92		Jaklan.	a Come			ORIOWN	COUNTY	STATE

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

etained by the hospital

24 FUNERAL DIRECTO Color M. Wuse Durst Funeral Home

Oakland, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR

Md.

Charles Coudes Serando

tiol of

340 - 11-10-10 along

White March 15, 1896 85

Jimina) 42

Oakland Carrett County Hemorial Hosp. Hiner Cost

nd. derrett Oakland w Mt. 5 Box 178

Nicholas Perundo Astanda Tauker

WW I 217-09-1965 Hrs. Harel Shore Box 69 Kitzmiller, Md.

Joxed Selman, M.D. Cohland, Maryland 21550

Burial 3/5/82 Cakland Consteny Cakland Carrett Md.

10	
JD 2120	
BALTIMORE, MARYLAND	
MORE, N	
BALTI	
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., B.	
W. PRES	
05, 201	
RECORI	
FVITAL	
SIONO	
NO.	

3		FOR STATE	G567 5/10/02 (DEPARTA	CACTATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8	07264
و بر با	1. DE	REGISTRAR CEASED NAME OR PRINT) FIRST OLIV	e Adaline Rea	LAST	REG. NO. 20. DATE OF DEATH MONTH 03	01-82 2345 P
ige 4 aay	3. SE	× Isuale.	4. RACE White	5. DATE OF BIRTH July 29, 1912	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
ter deoth. Po te funeral di within 72 ho	М	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland ITY OR TOWN OF DEATH	76 CHIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN Garrett	MD.
ours ofter in by the fie filed with	บรบ	Oakland AL RESIDENCE (IF NURSING YOME OR	(IF NOT IN SUCH FACILITY, GIVE STREET Garrett County OTHER INSTITUTION GIVE RESIDENCE BEFORE	Memorial Hospital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Housewife	12b KIND OF BUSINESS OR INDUSTRY Home
rthin 24 hours off tely filled in by th 2 should be filled inner must be port		Md. Garri	ett Mt. Lake	Park 13d Inside City Limits? YES \ NO \		t
dical exerted w		Edward WAS DECEASED EVER IN U.S. AR	MIDDLE Wilt MED FORCES? 16b SOCIAL SECU	Arletta RITY NO. 17 INFORMANT	Catherine ADDRESS	Fitzwater
sicion and pers. Page odl.	_	NO 18 CAUSE OF DEATH (Enter on	232-26-0		ne Long, See #1	
ith certifica nding phy carbanpa c, ar remay natic event	1	PART I. DEATH WAS CAUSE HAPPA IMMEDIAT	DUE TO OR AS A CONSEQUE	Activities die	sease	y-stong-
hat the dec by the otte ase remave I, crematian other traur	-	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF	4-	of tour had a different
equires to signed the ple ta burio njury, ar	NOI	PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
The law recian. cian. e has been sit permit. giene prior baws any i	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
rSICIAN: The mag physicio certificate I urial-transit Aental Hygie	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM)	8. PART I OR PART 2)
or attending PHY attending After this e as the bundith and Manaked or marked or	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION STREET OCHOLES 19.84	CITY OR TOWN	COUNTY STATE , 19 82, that (1) (we) lost
R ATTENE hospital of RECTOR: ned for us spt. of Hec tem 23 is r		sow the deceased alive on above, (1) (we) (did) (did no	1 Merch 19 8	, and that in (my) opinion DEGREE		our and from the causes stated
SPITAL O d by the NERAL DI be detack e State De TANT: If I		22d. PHYSICIAN'S NAME (TYPEO	R PRINT)	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2 March 82
TO HOSPITA retained by TO FUNERA should be di with the Sta IMPORTANT	23a E	Thomas	MANCE, D. C. 236. N	JAME OF CEMETERY OR CREMATORY	123d LOCATION	Alchans, mo.
BP DHMH - 16 50M 1/81		burial JNERAL DIRECTOR		akland Cemetery	Oakland, Gar	rett, Maryland
(VRA 15, 4)	Bi	radîey A. Stewa	rt Oakland, Ma	ryland 21550 MAF	R 1 0 1982 From	Jan Maryon

delication of design of the second design of the se U--

The Revenue Strong Tarty 5, 170 to 1 annual

A SINGLES A 50.71 338 0 80 Les a la tille e ol grisum tien - dag of Janaten aud 10 am internet ierifetene, eigotofe olicut. Disperes collitur; Prior corobers, vacevist accident

AVES 0

2782

5891-8-8

James H. Jeaster, Jr., M. J. 107 5. 2nd. 5t., Onlined, Maryland

0	1/	
1	X	
	M	
	1	-

ion and campletely filled in by the funeral d

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL I

	6.5	4.3	
E	G	Som	

1119	20		-
7	du	0	Ó
			_

1	STATE REGISTRAR	701		DEPARTN		FICATE OF DEATH		G. NO.		
	CEASED NAME E OR PRINT) Ha	rold	Glen ^	SCHELL		LAST **	20. DATE OF DEA March	тн момтн	82	26. HOUR 6:48P.
3. St	Male	4	RACE Whit	e	S. DATE O	of Birth ember 11, ''f 915	6. AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	IRTHPLACE STATE OR F COUNTRY) W. Va.		CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CI	TY OR COUN		MC
C	akland		Garrett	t Co. Mem	orial	Hospital	126 USUAL OCCU (TYPE OF WORK FOR N Carpent	OST OF WORKING	G LIFE) INDUSTRY	of BUSINESS OR
13a.	AL RESIDENCE (IF NURSISTATE Md. ATHER'S NAME	136 COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Oakland		13d. INSIDE CITY LIMITS? YES NO 😿	13e. STREET ADDR		x 105A	
	Frank WAS DECEASED EVER		Α.	Schell		15. MOTHER'S MAIDEN NA/ FIRST Olga	Bloche	er	Renn	ST
	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	212-18-1		Mrs. Betty S		odress same as		(IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	nediote g the lost	(b) DUE TO, OR (c)	R AS A CONSEQUE	OBSTV NCE OF	rective Pulmo	EwsH	\$ SASE 4 SEMA		0
CERTIFICATION	Probable Me F.		wefse	non		N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	YES, WERE FIND!	NGS USED
MEDICAL CER	OR CONTRIBUTING C	CCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DA		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR			IB PART I OR PART 2)	
MED	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE 🗆	21e, PLACE C	DF INJURY BET, FACTORY OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	22a. I certify that (I) sow the decease above, (I) (sweet, (d.	d olive on	11 m	Wroh 10 8	2 ,01	nd that in (my) (our) opinion o		he dote and h	nour and from the	that (I) (we) last couses stated
	226. SIGNATURE	ranc	r Bo		a		MEDICAL DIRECTOR PH	STAFF IYSICIAN [22c. DATE /2	SIGNED HAV82
	22d PHYSICIAN'S NA	ME (TYPE OR PR	/ h	NCE D.	1,	3 5, 70	Tiens St	1 00	selm	e mel.

BP_____

TO FUNERAL DIRECTOR.

m 18 shows ony

should be detoched for us with the State Dept. of He MPORTANT: If Hem 21 is

DHMH-16 50M 1/81 (VRA 15, 4) 236. BURIAL, CREMATION, REMOVAL 23b. DATE
Burial 3/1

236. NAME OF CEMETERY OR CREMATORY
Philos Cemetery

23d. LOCATION
CITY OR TOWN
Westernport

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Allegany

Md.

24 FUNERAL DIRECTOR Kileut W. ADDRESS

Durst Funeral Home Oakland, Maryland

MAR 1 6 1992

Paris O Marth

Parent Clare SCI, II double to the last the english departs. Savember 11, 1912 - 46 | Tollmoon discrete. Carland Carrett Co. Memorial Mospital Carpenter Mestinghouse Frank A. Chell Olga Blocher Sem You Will 202-20-2052 Mem. Betty Schell - sace os 13

Burial 3/4/82 Philos Constary Westernoort Allogany Mt.

Drugs Funeral Mose Cakland, Manyland Majir Same Control and

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER		-					MARYLAN		VOIENE	()	7 3 %
The Cerased Name (1974 of print) Charles Thurman (1974 of print) SELDERS (1974 of print) Charles (1974 of print		TATE							EDEATH	osc NO	, 0
Charles Thurman SEIDERS 3. SEX RACE 3. DATE OF BIRTH 14.00 8. AGE INVERSE 17 IF UNDER 24 HRS 24 10 82 3 24 10 82 3 10 10 10 10 10 10 10	I. DEC	EASED NAME	FIRST						20. DATE KNO	THOM THE NWC	TH DAY YEAR 26
3. SEX MACE	1		arles	Thu	ırman	SEL	DERS		DEATH MA		24 19 82 3
Male White Peb. 7, 1896 86 VRS. To BIRTHPLACE (STATEOR TO COUNTY TO COU	3. SEX			5. DATE OF BIRTH	6. AGE	IN YEARS IF L	INDER 1 YR.				
WARRIED WEVER MARRIED WIDOWED WIDOWED ORAPITA ORAPITA			Personal Property and Property		896 86		THS DATS	HOURS	DEAD	3	
OCITY OR TOWN OF DEATH Oakland Oakland ODA) Garrett Co. Mem. Hospital Farmer Farming USUAL RESIDENCE (# IN NAME WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (# NO HOS) OF WORK NO HOSPITAL NURSING HOME) Is STATE W. Va. Preston Aurora Is STATE William Selders Loretta Loretta Loretta Wotring Is STATE Wolf (# YES GIVE WAS OR DATES) NO Is CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Comonany anteny disease DUE TO, OR AS A CONSEQUENCE OF Loretta Loretta Wotring Is STATE Wolf (# YES GIVE WAS OR DATES) Is CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Comonany anteny disease DUE TO, OR AS A CONSEQUENCE OF Loretta Loretta Loretta Loretta MODIE APPROXIMATE ANTERVAL IS INVESTIGATION IN OR OSTATION (IN YO WORK FOR MER) RETURNING IS INVESTIGATION IN OR OSTATION (IN YO WORK FOR MER) IN OR OSTATION (IN YO WORK FOR MER) IS INVESTIGATION IN OR OSTATION (IN YO WORK FOR MER) IN OWN THE CAUSE (A) STATE AND THE MER HOSPITAL NOR AND THE AND THE MER HOSPITAL OR PART 1 (B) APPROXIMATE ANTERVAL IS INVESTIGATION (IN YO WIND FOR WHICH OPERATION WAS PERFORMED? IN OR OSTATION (IN YOU WORK FOR WORK FOR MER) IN OR OSTATION (IN YOU WORK FOR WORK FOR MER) IS IND STATE AND THE MER HOSPITAL OR PART 1 (B) APPROXIMATE ANTERVAL IS INVESTIGATION (IN YOU WORK FOR WORK FOR MER) IN OBJECT OF THE STATE AND THE MER HOSPITAL OR PART 1 (B) TO AUTOPSY? YES DO AUTOPSY	7a. BIR	THPLACE (STATE	OR	76. CITIZEN OF WI	HAT COUNTRY?	8. MAR	RIED THE	ER MARRI	ED 7. BALTIMORE	CITY OR COU	INTY OF DEATH
Oakland Oak											
13. STATE 13. STATE 13. STATE 13. STATE 13. CITY OR TOWN 1			DEATH				HER INSTITUT	TION			OR INDUSTRY
13c. STATE No. Va. Preston 13c. CITY OR TOWN Aurora 13d. INSIDE (ITI LIMITS) 13e. STREET ADDRESS YES NO. W. Rt. 1							Hospit	al	Farmer .		Farming
FATT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH P.M. JOERST NAME AND CONTRIBUTING CAUSE OF BEATH CONTRIBUTING TO BEATH P.M. JOERST NAME AND CONTRIBUTING CAUSE OF BEATH P.M. JOERST NAME AND CONTRIBUTING CAUSE OF BEATH P.M. JOERST NAME AND CONTRIBUTING CAUSE OF BEATH P.M. JOERST NAME AND CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18							13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS		
William Selders Joretta Wotring 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO 180. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Conditions if ony, which gave rise to immediate cause (a) taning the underlying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES \(\) NO. 216 EXTERNAL CAUSE WAS UNDERLYING \(\) OR 216 INJURY OCCURRED WHILE \(\) NOT WHILE \(\) NOT WHILE \(\) STREET CITY OR TOWN COUNTY STAIL			Pre	sten	Aurora		-				
160. SOCIAL SECURITY NO. 16 YES, OND WARD PORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) APPROXIMATE INTERVAL SETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cononany artery disease Yoars Conditions, if ony, which gave rise to immediate cause (a) storing the under-lying cause last. (c) Arteriosclerosis, generalized Years DUE TO, OR AS A CONSEQUENCE OF DU		FIRST	The same	WIDDLE	LAST		15. MOTHE	R'S MAIDE	N NAME MIDDLE		LAST
NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 236-20-7800 Mrs. Nellie Selders - same as 13											otring
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-lying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR STREET, FACTORY, FARM, ETC.) 210. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) APPROXIMATE INTERVAL BETWEEN ABLE WAS DUE TO A STREET OF PART 1 (b). APPROXIMATE INTERVAL BETWEEN ABLE WAS DUE TO A STREET OF PART 1 (c).	16a. W	AS DECEASED EN	VER IN U.S. ARM	VAR OR DATES)	166. SOCIAL SEC	URITY NO.					
PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Coronary artery disease]						Mrs	Nel:	lie Selders	- same	
Conditions if any, which gave rise to immediate cause (a) Stating the underlying cause last. (c) (c)		18 CAUSE OF D	EATH (Enter anly	ane cause per line	far (a), (b), and (c))					APPROXIMATE INTE
Conditions if any, which gave rise to immediate cause (a) stating the underlying cause last. (b) Arteriosclerosis, generalized Vears (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR PART 1 OR PART 1 OR PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE		11	IMMEDIATI	E CAUSE (a)CO			lisease				Years
The state of the s		414	7	DUE TO, OR	AS A CONSEQUEN	ICE OF					
Cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 19 19 19 19 19 19 19 19 1				(b)_Ar	terioscle	rosis	gener	ralize	ed		Years
PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR COUNTIBUTING OR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21c. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COUNTY STATE)				DUE TO, OR	AS A CONSEQUEN	ICE OF					
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21b. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COUNTY STAIL											
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 7 Id. INJURY OCCURRED 216-PLACE OF INJURY (ATHOME. STREET CITY OR TOWN COUNTY STATE	,	PART 2 OTNER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION	GIVEN IN PAI	RT 1 (a).		
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 7 Id. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STAIL	E.	18ª DATE OF OR	ERATION	Ties CONIDI	HON FOR WHICH	DEBATION	MAKE DEDECTE	MED2			Ing AUTOREYS
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATI		IN DAIL OF OF	EKATIOIY	170. CONDI	HOIVFOR WHICH	DI ENATION	WAS I ERI ORI	WED:			
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 2 Tid. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	1 = 1	TIA EVTERNAL C	ALISE WAS	21h TIME OF	C IN II IDV	Lin	HOW/INITIAL	OCCUPATI	D. C. ITER LIVE OF A WINDY		
CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE		UNDERLYING	OR	HOUR A.M		YEAR	TOWN INJUNT	OCCURRE	D TENTER MATORE OF INJURY I	THEM IN PART I OR	rmat 2)
	NCA		Transmitted in the contract of				OCATION				
	MED	1.010				AE, [211. L			CITY OR TOWN		COUNTY
		AT WORK A	TWORK								
270. Leertily that I Jack charge at the remains described abave, held any Autopsy . Inspection . Inquiry . Inquiry		death resulted f	m: Nature	al causes 🗷 👝	Accident 🔲	Suicide [], Hamic			er .	
	1 1		1./	<)	X						
death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .			1/								
death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY)		ACTUAL SIGNATURE -	1am	4	1		M DEPUT	Y	MEDICAL EY AMINE	DA1	TE 3-24-198
death resulted from: Natural causes & Accident Suicide , Hamicide Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED 3-24-1982	1	SIGNATURE	Jam	4	2					R SIG	TE SNED 3-24-198
death resulted from: Natural causes & Accident Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY)		SIGNATURE EXAMINER'S NA	Mames H	H. Feaste	r, Jr., M	. D.	1			R SIG	NED 3-24-198
death resulted from: Notural causes & Accident Suicide Hamicide Undetermined manner Actual Signature M.D. Hamicide Hamic	23a. BU	EXAMINER'S NA (TYPE OR PRINT)					_ADDRESS_	.07 S.	2nd. St.,	0akland	d, Maryland
death resulted from: Notural causes & Accident Suicide , Hamicide Undetermined manner . TITLE (SPECIFY) MEDICAL EXAMINER SIGNED 3-24-1982 EXAMINER'S NAME ames H. Feaster, Jr., M. D. ADDRESS 107 S. 2nd. St., Oakland, Maryland 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN Burial 3/27/82 Aurora Cemetery Aurora Preston W Va.	23a.BU	EXAMINER'S NA (TYPE OR PRINT) RIAL, CREMATIO ECIFY)			23c. NAME O	CEMETERY	_ADDRESS_ OR CREMATO	.07 S.	2nd. St.,	Oakland Prestor	d, Maryland
death resulted from Natural causes & Accident Suicide , Hamicide Undetermined manner . TITLE (SPECIFY) M. DEPUTY MEDICAL EXAMINER SIGNED 3-24-1982 EXAMINER'S NAME ames H. Feaster, Jr., M. D. ADDRESS 107 S. 2nd. St., Oakland, Maryland 130. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION COUNTY STATE	23a.BU (SF	EXAMINER'S NA (TYPE OR PRINT) RIAL, CREMATIO ECEPY) Burial NERAL DIRECTO	N, REMOVAL 23		23c. NAME O	CEMETERY	_ADDRESS_ OR CREMATO	.07 S.	2nd. St., 23d LOCATION CITY OF TOWN AUTORA	Oakland Prestor	d, Maryland

CONE SOCIETY TOURS SEEDING

Main thick the V 100 of

V. Va. 003

. Va. Garrett Gurora

Milliam Selfers Dorotta Working

No 236-20-7800 Srs. Melife Solders - some Am 13

North 1 2/27/82 Grown Composity Airors Pranton Warrant Parent Jone - Contant Maryland Warrant Composition of the Contant Composition of the Contant Composition of the Contant Contant

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

MONTH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Garrett County Memorial Hospital

Shrewsbury, Sr.

December 17, 1929

MARRIED X NEVER MARRIED

17 INFORMANT

13d. INSIDE CITY LIMITS?

NO X

Lottie

REG. NO 20 DATE OF DEATH MONTH 26 HOUR 353P 03 05 82 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 52 BALTIMORE CITY OR COUNTY OF DEATH Garrett 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Heavy Equip. Oper. Construction 13e. STREET ADDRESS P.O. Box 45 15. MOTHER'S MAIDEN NAME Snyder Marie Mrs. V. Jane Shrewsbury, See #13 above hour 4 Ventriculy Heart Besens Years Years CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE

PART 2 OTHER SIGNIFICANT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 710 ACCIDENT WAS UNDERLYING

NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

cause last.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DE ATH WAS CAUSED BY

Conditions, if any, which

gave rise to immediate

cause (a), stating the

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

DUE TO, OR AS A CONSEQUENCE

Harold

White

USA

Th CITIZEN OF WHAT COUNTRY

NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

13c CITY OR TOWN

Shrewsbury

Aurora

166 SOCIAL SECURITY NO.

236-38-625

more

E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA

21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM, ETC.)

211 LOCATION

27h. SIGNA

- STATE

TYPE OR PRINT!

SEX

REGISTRAR

Male

TO BIRTHPLACE I STATE OF FOREIGN

West Virginia

LA CITY OR TOWN OF DEATH

Oakland

SUAL RESIDENCE (IF NURS

LYES NO OR UNKNOWN)

Yes

underlying

14 FATHER'S NAME

W. Va

Finley

Edward

4 RACE

OUNTY

Preston

Flournoy

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).

(IF YES, GIVE WAR OR DATES) 1947-49

IMMEDIATE CAUSE (0

DECEASED NAME

236 DATE

22a. | certify that (1) (this hospital) attended the deceased from

(1) we) (did) did nat) view the bady after death

22e ADDRESS

21550

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

my) (our) pointon death accurred on the date and hour and from the course of

224 DATE SIGNED

230 BURIAL, CREMATION, REMOVAL

burial

3/8/82

Underwood Cemetery

and that in

DEGREE

23L NAME OF CEMETERY OR CREMATORY

Oakland, Garrett, Maryland

24 FUNERAL DIRECTOR

CERTIFICATION

Bradley A. Stewart

Oakland, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 20. DATE KNOWN X 25 HOUR (TYPE OR PRINT) OF ESTI-1145 DEATH MATED 3 28 1982 Harland Gav SPEICHER 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. DAY IF UNDER 24 HRS DATE 2d HOUR YEAR MONTH LAST BIRTHDAY PRONOUNCED 12501 28 82 DEAD Male White Aug. 21, 1912 69 19 M 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED L GARRETI DIVORCED W. Va. USA III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Oakland Garrett Co. Mem. Hospital Custodian School USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1135 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1401 'K' Street Md. Garrett Mt. Lake Park YES 30 NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Speicher Lewis Laura Sidney 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO ADDRESS 8 Kelly Court (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-16-2821 Robert Speicher Bel Air- Cumberland, Md CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Coronary artery

Due to, or as a consequence of Years Canditians, if any, which Arteriosclerosis. gave rise to immediate generalized cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ENT OF HEALTH BURIAL, CREW IFICATION 19a DATE OF OPERATION USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORF FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND, 21201 PRIOR TO BURR YES NOX CERT 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE! TO FUNERAL DIRECTOR: PAGE 3 AFTR DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that Hook charge of the remains described above, held an Autopsy Inspection Inquiry 32 and in my apinian Suicide death resulted Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED_3-28-82 SIGNATURE MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (TYPE OF PRINT) Lames ADDRESS 107 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BP Burial Oakland Cemetery Oakland Garrett Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO **DHMH-17** (VR A15 ME (5)) Durst Funeral Home Oakland, Maryland 15M 2/80

HAZE THE INCHES MARKET BEEN Nd. Carriott Ht. Lake Fark x 1401 'E' Street M. Sidney J. Spaiched Laura f. Lewis .. s Melly County! 21 June 2021 Propert Speicher and Air- Comparison, 181. Burist 3/10/82 Calland Centery Darland Carrett Manyland Durat Foneral Lose Cabland, Maryland No.

FOR

1 DECEASED NAME

REGISTRAR

Male

TO BIRTHPLACE (STATE OR FOREIGN

West Virginia

O CITY OR TOWN OF DEATH

Md

0akland

James

No

USUAL RESIDENCE

4 FATHER'S NAME

FIR57

Thomas

4 RACE

Garrett

MIDDLE

Oliver

- STATE

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 10:15P SPENCER Patrick March 26, 1982 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR White May 7. 1899 82 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA DIVORCED WIDOWED Garrett NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Garrett County Memorial Gardens Coal Miner Mining Oakland 13e STREET ADDRESS Star Rt. #2, Box 162 NO X 15 MOTHER'S MAIDEN NAME LAST LAST Ida Belle Spencer Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 213-24-6486 Mrs Murtle I Spencer See #13 above

	1270 21 0100	TITI Ja TIVI GIC	. I SPEILE	DEE ATO UNIVE
PART I. DEATH WAS CAUSED	one cause per line for (a), (b) and (b) BY: CAUSE (a) Deput	lure, con	gestive	APPROXIMATE INTERVAL BETWEEN ONSEE AND DEA SWITCH
7280	DUE TO, OR AS A CONSEQUENCE OF		0	U
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT CO	ia a mosto	te	rminal disease or conf	DITION GIVEN IN PART 100
190 DATE OF OPERATION	196 CONTROL CONTICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? YES NO NO	200 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	8	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
214 INTURY OCCUPPED	21a PLACE OF INJURY	216 LOCATION		

STREET

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

and Mental Hygiene 8 Item

MPORTANT.

23b DATE 230 BURIAL, CREMATION, REMOVAL burial 3/30/82

Joseph Alvare

NOT WHILE

220.1 certify that (1) (th

23c. NAME OF CEMETERY OR CREMATORY

and that in (my)

22e ADDRESS

Oakland, MD

DEGREE

23d LOCATION

21550

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Oakland, Garrett.

22c DATE SIGNED

3/28/82

24 FUNERAL DIRECTOR

did trat view the body after death

Garrett Co. Mem. Gardens, name

apinion death occurred on the date and hour and from the causes stated

Bradley A. Stewart Oakland, Maryland 21550

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

Name 20, 1982 . 10:15 ADDRESS STATES SPENDER Cattand, D. 21550 Salavia decem . El

W	
1	

poge 3

completely filled in by the funeral 1 and 2 should be filed within 72

ond

this certificate has bee

FUNERAL DIRECTOR: should be detoched for with the State Dept. of H

the buriol-tronsit per ond Mentol Hygiene

is morked or Item 18

MPORTANT.

FOR - STATE REGISTRAR

(TYPE

3. SE)

USUA

4. FA

16a. W

CERTIFICATION

MEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.				
	March 13,	198	YEAR	26 HOU	JR 55
_	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 H
	63 YRS	MONTHS	DAYS	HOURS	AA

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

OR PRINT)	FIRST		WIDDLE		LAS1		2a. DATE OF DE	ATH MON	ATH DA	Y YEAR	26 HOL	JR
OK PRINT)	VIOLET		PAULTNE	उस	PHABOCK		Ma	arch	13,	1982	07	5
		4. RACE		5. DATE C			6. AGE (IN YEAR	S LAST BIRTHDA	Y) IF	UNDER LYEAR	IF UNDER	24
Female		_ Wh:	ite	June		18	63		YRS	NTHS DAYS	HOURS	1
OUNTRY)	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	DE NEVERM	APPIED T	9 BALTIMORE	CITY OR CO	OYTHUC	FDEATH		
W.Va.	HUN	USA		WIDOWE	- 815	ORCED	Gar	rett	Co			
Oaklan	i /	Garret	HOSPITAL, NURSING FACILITY, GIVE STREET CO. MC	ADDRESS)			12a USUAL OC (TYPE OF WORK FO House	R MOST OF WO	RKING LIFE)	126. KIND O INDUSTRY	OF BUSINE	555
.Va	136 COUN	OTHER INSTITUTION ITY eral	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Hartman	VN	13d INSIDE CIT	Y LIMITS?	13e. STREET ADI Rt #1					
THER'S NAME		MIDOLE	LAST		15 MOTHER'S	MAIDEN NAA		MODLE		IA.	1916	П
George		C.	Brown		Stel			B	osley	y	51	
AS DECEASED E		MED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMAN	IT	11-11	ADDRESS	114-5		100	
O	(IF YES, GIV	E WAR ON DATES	233 58 3	047	Maynard	Tephal	oekk El	k Gar	den,	W.Va		
18 CAUSE OF D PART 1. DE AT	H WAS CAUSE	ly one couse per D BY E CAUSE (o)	line for (0), (b), or	vdi	cen	En d	rode			APPROX BETWEEN	ONSET AND	VAI
410 Conditions, if	0		R AS A CONSEOU	ENCE OF	0	MI					60	21
gove rise to couse (0), s	immediate	DUE TO, O	R AS A CONSEOU	ENCEOF	HD							+
PART 2 OTHER S	SIGNIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	O THE TERMI	INAL DISEASE O	r conditio	ON GIVEN	N IN PART 1	0	_
9a. DATE OF OPI	ERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPS			WERE FINDI NG CAUSES		TH?
21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY:	CAUSE OF DEA	117	FINJURY M. MONTH D M.	AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTERNATURE	OF INJURY IN I	ITEM IB PART	I I OR PART 2)		
WHILE NO	URRED	21e. PLACE			21f LOCATION	V	C	ITY OR TOWN		COUNTY	5	TATI

22a I certify that (1) (this hospital) attended the deceased from

22b. SIGNATURE

(SPECIFY)

Burial

230. BURIAL, CREMATION, REMOVAL

ATTENDING

(9) opinion death occurred on the date and hour and from the causes stated

mi 22d PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased alive or solve, (I) (we) (did) (did not) view the body after death

Dr. Thomas Johnson, M.D.

22 ADDRESS

231 NAME OF CEMETERY OR CREMATORY

Kalbaugh Cemetery

DEGREE

23d. LOCATION CITY OF TOWN

STAFF

DIRECTOR PHYSICIAN

Elk Garden

MEDICAL

Mineral W. Va

22c DATE SIGNED

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR David A. Burdeck Kitzmiller, Md. 21538

3-15-82

23b. DATE

MAKI

REGISTRAR 25b. REGISTRAR'S STIGNATURE

THE THE PARTY IN THE PARTY Siri Vi enul siril alamal. Yelsel alloge aron . trong 233 38 3047 . Linner Verhabour As Carden, M. Ke

Tr. Thomas Johnson, M.D.

Furtal 3-15-6. Salogud sensory tik borden Singral W.Va

		: ē	ž			
	0	18	ä	m	9	9
	44	1	3	М.	ينر إسر	à
	a	Œ	В	ы	ø	3
	60	8	冕	M,	Ħ.	å
	O.	3	4	in.	εď	8
	40	2	£.		-8	Я
	e	- 8	픮		5	8
	_	4	ŧ		H	g
	+	ě	ň		地	f.
	S	10	ž		A	jį
	20	E	'n		王	٦
	č	D	2		#	9
	4	9	5		E.	1
	C	4	9	- 10	Ter	4
	Ē	e e	2 s		90	
	3	e .	O		E	1
	o _e	E	Ö	1	×	/
	5	00	-		-0	_
	a ×	P	3e		Sic	1
	0	0	0		Je C	J
	å	0	ŝ		0	Ē
	0	10	Dec	-	ŧ	
	0	hy	00	à	t,	
	Ē	0	000	E	×	
	ë	ng	å	7	2	
	£	Pu	CD	a	a	
	O O	He	0	0	5	
	0	0	0	ta	0	
	ţ.	the	re	E	2	
	÷	>	0	5	ŧ	
	Ę	D	00	0	-	
	S	e u	ā	5	0	
	5	6	ea.	90	5	
	0	c i	=	5	Ē	
	>	9	-	0	2	_
	ó	S	FILE	0	0	
	9 6	bo	ď	u a	3	d
ŀ	- 0	0	151	5	She	-
-	Z	00	ā	Î	00	6
-	4 0	- T	=	a	E	4
ì	2 g	e Ce	ž	e	t e	1
2	0 7	516	ã	2	ö	9
-	نة ٦	Ξ.	9	20	0	
3	o a	è	S	ď	Ę	
i	ā	V	0	-	Ë	
-	Z -	œ	S	ě.	. 5	
1	1 5	2	ō	0	2	
-	A SO	EC.	Ö	-t-	E	
9	× -c	<u>a</u> .	he	de	=	
(he		to	e D	*	
	X >	A.	de	a	5.	
-	20	EF	00	Š	A	
0	000	5	0	Phe	RT	
	2.2	H.	2	ţ.	0	
(IO MOSTIAL OK ATTENDING PHISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may tretained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled lift in the many lifter and the property of the p	should be detached for use as the burial-transit permit. Then please remove carbon/appers. Pages I and 2 should the find within 72 permits and the should the find within 72 permits and the property of the should the find within 12 permits and the should the find within 12 permits and the should be should	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.	IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, ar ather traumatic event, the medical examiner must be a state of the second of th	

BP_

DHMH - 16 50M 1/B1 (VRA 15, 4)

	1.	FOR STATE REGISTRAR			DEPARTN	ENT OF I	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0	7 2	12
		CEASED NAME	۸	AIDDLE.	DDLE LAST			MONTH DAY	YEAR	26 HOUR	
			016		Lee		EIMER	March 06,			02:10A M
	3. SE	Х		4 RACE		5 DATE (OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF L	UNDER I VE AR	IF UNDER 24 HRS HOURS MIN.
		Male		White		July	7 24, 1900	81	YRS	DANS	Mile.
A		IRTHPLACE (STATE OR I COUNTRY) Vest Virgir			WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY O			
7	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF H	OSPITAL NURSIN	G HOME (OR OTHER INSTITUTION	12m USUAL OCCUPATI	ON	126 KIND O	F BUSINESS OR
B		Oakland,		Garret	tt County	Memo	orial Hospital	Farmer	OF WORKING LIFE)	Fari	minq
5	13a S	AL RESIDENCE (IF NURS	136 COU	rother institution. NTY rett	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Deer Par	V	13d. INSIDE CITY LIMITS? YES NO 🕱	Route #4,	Box 36		
^	14 FA	ATHER'S NAME FIRST		WIDDIE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAS	1
U		Elmer		Lee	Weimer	2.5	Lertha			Huffm	an
		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS		
		No			218-16-4	603	Mrs. May B.	Weimer, See	e #13 a		
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one cause per ED BY TE CAUSE (a)	line far (a), (b), and	(cs)	neuni:	_		BETWEEN C	MATE INTERVAL ONSET AND DEATH
ì		4960 Conditions, if any,	which	DUE TO, OF	R AS A CONSEQUE	NCE OF	CORD			Ye	ars
		gave rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN	last.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION-GIVEN		
	ON				Cen	itwa	& Veruler	-140K	V-		
2	CERTIFICATION	19a DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH (OPERATIO	ON WAS PERFORMED	20e AUTOPSY?	206 IF YES, W IN CERTIFYIN YES T	IG CAUSES	OF DEATH?
7		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	ATH HOUR A.A	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR		RY IN ITEM 18 PART	OR PART 2)	
	MEDICAL	21d INJURY OCCURR		21e PLACE C	OF INJURY BET, FACTORY OFFICE, FA	RM ETC)	21f LOCATION STREET	CITY OR TO	wn /	COUNTY	STATE
		220 I certify that (I) saw the decease abave, (I) (ver) (d	d affive an		vila 5	82	nd that in (my) (ay opinion o	, todeath occurred on the do	- 19	nd from the	that (1) (w) last causes stated
		226. SIGNATURE	T	Loh	m		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F IAN []	22 DATE	SIGNED
		22d. PHYSICIAN'S NA	ME (TYPE C	OR PRINT	A DESCRIPTION OF THE PERSON OF	100	22e ADDRESS				
		Dr. Thoma	as Jo	ohnson			Oakland, Md	1. 21550			
	23a B	BURIAL, CREMATION,	REMOVAL	236 DATE	23(N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	j	buria	al	3/8/8			Co. Mem. Gard	dens Oaklan	d. Garr	ett.	Maryland
	24 FL	UNERAL DIRECTOR		5/0/0	Joan	, 000	25a. DATI	E REC'D. BY REGISTRAR	256 REGISTRAF	R'S SIGNATI	URE
	Br	radley A. S	Stewa	rt Oak	land. Mar	vlan	d 21550		Q.	mollow	Sole-

×

FOR - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 %

0 7 2 7 3

		REGISTRAR		CERTIFICATE OF DEATH									
		DECEASED NAME FIRST		MIDDLE			LAST		20. DATE OF DEATH MONTH D			Y YEAR	26. HOUR
	(TYP)	EORPRINT)	dda	Emma		OLF	•		March	19.	198	2	2.57 "
	3 SE	X		14. RACE		5 DATE OF BIRTH		6 AGE (IN YEARS (AST BIRTHDAY)			UNDER I YEAR	2:51 M	
3\		Female		White		MONT	H DAY	YEAR			MON	NIHS DAYS	HOURS MIN.
ZΨ	_	IRTHPLACE (STATE OF				Ma	ay 30,	1894	87		YRS		
M	T	COUNTRY)	FOREIGN	USA WHAT COUNTRY?		EDX DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEA		FUEATH	MD.		
1		W. Va.											
3	10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	TYPE OF WORK FO		KING LIFE		F BUSINESS OR
0		Oakland		Cuppett-Weeks Nursin			g Home		Housewife			Own I	Tome
1	USU.	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RES											
		Md.	-	rett Oakland		N	YES NO NO		13e. STREET ADDRESS 118 E. Water S				
	-	14. FATHER'S NAME		rece joakian		1	IS MOTHER'S MAIDEN NA				r St	reer	
10		FIRST	MIDDLE				FIRST		MIDDLE		EAST		
1	16-3	Martin		ther	Wonderly		Clara		Catherine			Durr	
		160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIALS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			100. SOCIAL SECO	RITY NO. 17 INFORMANT ADDRESS							
		No 215-01-			0067D Josephine Wolf - same as 13								
	143	18 CAUSE OF DEA	TH (Enter o	nly one couse per	line f	fiell.	120	1		•		BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)											
		11116											
		Conditions, if ony, which									100		
		gove rise to im	(6)	- Colon	ary	There will							
		couse (a), stating the underlying couse last.											
	- 1			(c)	THE	Ten	JIVC (VL	WELLING	•			
	z	PART 2 OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOTRELATED	TO THE TERM	INAL DISEASE O	RCONDITIO	N GIVEN	IN PART 10	יים
	CERTIFICATION	Concertive Heavy Jaikune.											
7	CA	190 DATE OF OPERA	TION	196. CONDITION FOR WHICH OPERATION			N WAS PERFO	RMED				, WERE FINDINGS USED YING CAUSES OF DEATH?	
~	E								YES NO YES YES			NO [
2	Ü	210. ACCIDENT WAS UN	216. TIME C	INJURY 216. HOW INJURY OCCURRED (ENTER					OF INJURY IN IT	EM 18 PART	I OR PART 2)		
1	A	OR CONTRIBUTING		AID .	M. MONTH DA	19							
	MEDICAL	21d INJURY OCCUR		21e PLACE			211. LOCATIO	N					
	¥	WHILE NOT WHILE T		REET, FACTORY, OFFICE, FARM, ETC.) STREET			CITY OR TOWN			COUNTY STATE			
		AT WORK AT WO		to the same of the same		M	111	71	127	710		82	
		270-1 certify that (I) (this haspital) attended the deceased from 1900, that in (my) (nur) applied death accurred on the date and how and from the cause stated											
	74	abave, (1) (we) (did) (did not) view the body after death.											
		226. SIGNATURE	00	6. 1	lun	DEGREE						22c. DATE	SIGNED
			Vany					MEDICAL STAFF DIRECTOR PHYSICIAN			13-	14.82	
		22d. PHYSICIAN'S NAME HAR HARD					27e ADDRESS						
	-	B.L. Gr	M.D.		Third Street Oakland, Maryland 21550								

23c NAME OF CEMETERY OR CREMATORY

Oakland Cemetery

BP.

DHMH-16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remave carb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, arraymPORTANT: If them 21 is marked an Item 18 shows any injury, or other traumatic

Durst Funeral Home · Oakland, Maryland

236 DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR

Burial

Oakland

250 DATE REC'D. BY REGISTRAR 256. R

236 LOCATION CITY OR TOWN

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

Md.

COUNTY

Garrett

ies see	Harrin 19,		2.707		anbly
	18	y 30, 1894			elanos
	j-termila.			ABU	W. Vo.
61011 010	alivamon		nienu primati-	-daeees2	Aceland
r Strong z	ngar . TRA		lans tals (-550216	14
2300	Cathorine	Clara	vinabnok	radyud	Martin
1.2	on seins - 310	Tonephine W	07309-10-20		:015
		diam'r.	Control		
		The translation			- 2 3
			200		
					1 Wall
	E X III				
100					0.0

Third Street Cakland, Waryland 21550

Caldand Carrett

J.M. dinto .d.F.